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| <b>Case Number:</b>   | CM15-0022871 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 12/11/2013 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 01/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old male worker who was injured on 12-11-13. The medical records reviewed indicated the injured worker (IW) was treated for right shoulder sprain, strain, rule out rotator cuff tear; impingement syndrome; and tendonitis. The progress notes (11-10-14) indicated the IW had right shoulder pain. On physical examination (11-10-14 and 12-10-14) range of motion of the right shoulder was 100 degrees flexion and abduction; 30 degrees internal rotation; 40 degrees external rotation; 5 degrees extension; and 10 degrees adduction. There was tenderness to palpation over the shoulder area. Apley's scratch test and apprehension test were positive in the right shoulder. According to the notes (11-10-14), treatments included spinal manipulation, physiotherapy, and home exercise program. Physical therapy notes (5-19-14 to 5-23-14) indicated at least four PT treatments were attended. The treating provider (12-10-14) indicated the IW was not working. The treatment plan included additional therapy and diagnostic imaging. A Request for Authorization on 11-10-14 asked for an x-ray of the right shoulder. The Utilization Review on 1-12-15 non-certified the request for an x-ray of the right shoulder due to lack of a brief course of initial treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**X-ray right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004,  
Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on shoulder complaints states: For most patients with shoulder problems, special studies are not needed unless a four- to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. The provided medical records for review do not meet criteria as outlined above and the request is thus not certified. Therefore, the requested treatment is not medically necessary.