

Case Number:	CM13-0000817		
Date Assigned:	02/26/2014	Date of Injury:	03/24/2013
Decision Date:	04/11/2014	UR Denial Date:	06/13/2013
Priority:	Standard	Application Received:	06/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation / Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The patient is a 35 year-old male with a date of injury of 03/24/2013. The listed diagnosis per [REDACTED] dated 06/06/2013 is shoulder sprain with possible labral or rotator cuff tear. According to report dated 06/06/2013 by [REDACTED], the patient presents with continued pain and weakness in the right shoulder. There was an initial bruise that went away after a couple of days however the pain has been worsening. Patient has not improved with icing and ibuprofen and unable to use arm much. Examination reveals very limited ROM(Range of Motion) 90/90/30/hip, painful from 45 degrees to 90 degrees of abduction and forward flexion, mild to moderate tenderness AC joint and anterior joint line. Positive apprehension test was noted. Motor strength for right shoulder is 3+/5. X-ray of the right shoulder was negative. Treater is requesting a MRI of the shoulder for possible labral and/or rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER MRI PRIOR TO A CONSERVATIVE TREATMENT ATTEMPT:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207.

Decision rationale: This patient presents with continued pain and weakness in the right shoulder. The treater is requesting a MRI of the shoulder. Utilization review dated 06/13/2013 denied request stating patient did not have any evidence of severe or progressive neurologic deficits. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines recommend an MRI after failure of conservative care if there is a suspicion for instability or labral tear. In this case, the treater is concerned the patient may possible have a labral and/or rotator cuff tear. The patient sustained an injury on 03/24/2013 and has had continued pain and decreased ROM (Range Of Motion) with no improvement with icing and anti-inflammatories. Patient is noted as "unable to use arm much." The file provided for review does not show that the patient has had an MRI since injury. Given the patient's continued pain despite conservative care, a MRI at this juncture appears warranted. Therefore, The request for Right shoulder MRI prior to a conservative treatment attempt is medically necessary and appropriate.