

Case Number:	CM13-0003539		
Date Assigned:	03/03/2014	Date of Injury:	02/05/2012
Decision Date:	04/11/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/25/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/5/12. A utilization review determination dated 7/17/13 recommends non-certification of right shoulder MRI. 6 sessions of myofascial therapy/deep tissue massage were certified. Teleconference with the provider identified that the provider stated he was ordering the MRI based on the finding of a painful arc along and did not have any further findings of internal derangement on examination. 6/27/13 primary treating physician's final report identifies prior treatment with medication, PT, trigger point injections, home exercise, and time off of work. She was complaining of neck and RUE pain. She also complained of numbness and tingling in her toes, and was told to see a podiatrist privately. On exam, there is tenderness and limited cervical spine ROM. There is full shoulder ROM with a painful arc at 90 degrees on the right. There are positive Adson and Roos signs on the right. Finkelstein's test is positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE RIGHT SHOULDER WITHOUT CONTRAST.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 557, 559.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Regarding the request for mri for the right shoulder without contrast, CA MTUS cites that the primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). Within the documentation available for review, there is a painful arc, but no objective findings suggestive of internal derangement. There are no red flags, a pending invasive procedure that would require clarification of shoulder anatomy, or any other symptoms/findings suggestive of a potentially surgical lesion. In light of the above issues, the currently requested mri for the right shoulder without contrast is not medically necessary.