

Case Number:	CM13-0016311		
Date Assigned:	12/11/2013	Date of Injury:	10/18/2010
Decision Date:	01/31/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 59-year-old male who reported a work related injury as a result of repetitive motion on 10/18/2010 to the right shoulder and cervical spine. The clinical note dated 09/18/2013 reports the patient continues with bilateral upper shoulder pain, cervical spine pain, and left arm pain. The provider, [REDACTED], documents the patient states he is status post a right C3-4 and C4-5 facet joint intra-articular injection as of 07/2013. The patient reports some associated pain in the neck, but states that the pain in the right trapezius shoulder region is the primary concern. The provider documents upon physical exam of the patient, the hypertonic upper trapezius muscles with underdeveloped lower trapezius muscles were noted. There was mild tenderness to palpation in the right cervical facets, although less than previous. The provider documents cervical spine range of motion was within normal limits. Spurling's maneuver produces localized right upper trapezius pain. There was tenderness to palpation in the bilateral upper trapezius and upper thoracic paraspinals around the levels of T3-4 medial to the right scapular border. Palpation produces pain. Range of motion of the shoulders was within normal limits and motor strength was 5/5 throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with any significant objective findings of symptomatology to support an MRI of the right shoulder at this point in his treatment. The patient subjectively reports pain about the right shoulder; however, range of motion at the shoulder throughout was noted to be within normal limits, the patient has 5/5 motor strength, and the patient tested negative for all orthopedic signs to include O'Brien's, Speed's, and crossover testing. The California MTUS/ACOEM indicates support for an MRI of the shoulder is rendered when there is emergence of a red flag finding. The clinical notes failed to evidence significant objective findings of symptomatology to support the requested imaging study. Given all of the above, the request for right shoulder MRI is not medically necessary or appropriate.