MAXIMUS Federal Services

Case Number:	CM13-0016866		
Date Assigned:	11/06/2013	Date of Injury:	10/03/2011
Decision Date:	08/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 41 year old male with a history of work related injury dated 10/03/ 2011. He complains of pain in his right shoulder associated with numbness in his hand. The pain is worse while raising his arm to comb his hair. He has limited range of motion and weakness of his upper arm. He has had several studies, including X-Ray, EMG and magnetic resonance angiogram (MRA). The MRA showed calcific tendinitis, reactive tendinitis, small subscapularis tear and probable tear of the middle glenohumoral ligament. He has had various treatments, including three cortisone injections, acupuncture, physical therapy, and non-steroidal anti-inflammatory medications, all with transient benefit. His doctor has diagnosed him with right shoulder impingement with adhesive capsulitis and right shoulder & elbow tendinitis. A request was made for MRI of the shoulder between 08/12/2013 and 9/26/2013, but this was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-197, 202, 207. Decision based on Non-MTUS Citation ACOEM Guidelines, 3RD Edition, Online version, Shoulder Pain.

Decision rationale: The MTUS recommends that after excluding red flags (serious disorders like tumor, fracture, Infection, thoracic outlet syndrome, and serious nerve damage), specialized tests like MRI are not necessary in the diagnosis of shoulder disorders within the first 4-6 weeks as most shoulder disorders resolve within this period and are usually diagnosed clinically. After the wait period, the need for specialized testing depends on whether surgery is a required method of treatment when tests like MRI can be done preoperatively. MRI is the preferred test where partial thickness tear is suspected. However, the MTUS does not have any recommended test for the workers conditions: Right shoulder impingement with adhesive capsulitis, and right shoulder tendinitis, Right elbow tendinitis. Furthermore, the ACOEM guidelines, online version, have no recommended tests for these conditions. In rotator cuff tear where MRI is recommended, this guideline says there is insufficient evidence to recommend this test.