

Case Number:	CM13-0021535		
Date Assigned:	11/13/2013	Date of Injury:	03/29/2012
Decision Date:	01/06/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/09/2013

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 Family Practice 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 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 58 year old female who reported an injury on 03/29/2012 from a fall down stairs. Her diagnosis is right shoulder sprain/strain. Her symptoms right shoulder pain. Her most recent objective findings, from 09/13/2013, related to the right shoulder include tenderness to palpation over the anterior, superior, and to a lesser extent, posterior aspects, and tenderness to palpation of the acromioclavicular joint, no evidence of instability, motor strength was 4/5, and range of motion was slightly decreased compared to her left shoulder. It was noted, on 08/08/2013, that an MRI of the right shoulder in 06/2012 revealed capsulitis. However, her objective findings noted that she did not show any sign suggestive of adhesive capsulitis.

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 Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Shoulder Disorders and the Official Disability Guidelines; Work Loss Data Institute, Section: Shoulder..

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

Decision rationale: The patient has a diagnosis of right shoulder sprain/strain. She has symptom of right shoulder pain. Objective findings include tenderness to palpation over the anterior, superior, and to a lesser extent, posterior aspects, and tenderness to palpation of the acromioclavicular joint, no evidence of instability, motor strength was 4/5, and range of motion was slightly decreased compared to her left shoulder. It was noted that she failed physical therapy for her right shoulder; however, the number of visits was not specified. According to ACOEM guidelines, the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. There was no documentation provided which suggested a possible need for surgery. It was noted that she had failed physical therapy, but it is not known how many visits were tried, and whether that therapy was intended to avoid surgery. Additionally, there was no documentation of emergence of a red flag related to her shoulder, and her most recent objective findings did not include evidence of tissue insult or neurovascular dysfunction. Therefore, the patient does not meet any of the criteria for imaging studies required by the guidelines. For this reason, the requested service is non-certified.