MAXIMUS Federal Services

Case Number:	CM13-0022034		
Date Assigned:	07/11/2014	Date of Injury:	02/23/2013
Decision Date:	08/29/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational medicine 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 applicant has filed a claim for shoulder pain reportedly associated with an industrial injury of February 23, 2013. Thus far, the applicant has been treated with analgesic medications, shoulder surgery on June 8, 2013, and physical therapy. In a utilization review (UR) report dated August 21, 2013, the claims administrator denied a request for shoulder MRI imaging. The UR rationale was sparse and was comprised almost entirely of non-MTUS guidelines. The claims administrator did document that the applicant was having difficulty using the arm. In a progress note dated August 12, 2013, the applicant presented with persistent complaints of shoulder pain. The applicant was having difficulty sleeping on his shoulder. Certain movements were provoking shoulder pain. The applicant completed 28 sessions of physical therapy, it was stated. The applicant was using Tramadol and Percocet for pain relief. A pain level rating of 9/10 was reported. The applicant was not working. There was diminished grip strength about the left hand at 8 pounds, versus 30 pounds about the right hand. The applicant was placed off of work. MRI imaging of the cervical spine and shoulder were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Image, any joint of the upper extremity without contrast material:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter and Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is recommended in the preoperative evaluation of suspected large partial thickness or full thickness rotator cuff tears. In this case, the applicant apparently underwent an earlier surgical remedy, which had proven unsuccessful. Persistent complaints of shoulder pain and diminished strength about the injured shoulder had persisted despite the applicant having completed 28 sessions of postoperative physical therapy. Repeat MRI imaging to evaluate the integrity of the rotator cuff repair surgery and/or possibly plan a second surgery was indicated. Therefore, the request was medically necessary.