

Case Number:	CM13-0027207		
Date Assigned:	12/11/2013	Date of Injury:	01/18/2011
Decision Date:	03/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 applicant has filed a claim for chronic shoulder pain associated with an industrial injury of January 18, 2011. In a July 24, 2013 request for authorization, it is stated that the applicant has failed conservative treatment. Persistent shoulder complaints linger. The applicant is experiencing sleepless nights. The MRI imaging is being endorsed to rule out a possible rotator cuff tear. Also reviewed is a physical therapy progress note of July 15, 2013, notable for comments that the applicant has limited shoulder range of motion with flexion to 150 degrees and extension to 70 degrees. The applicant is having pain about the shoulder, is having difficulty sleeping, and is having difficulty lifting and pulling with the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, primary criteria for ordering imaging studies include evidence of failure to progress in the strengthening program intended to avoid surgery in individuals in whom a full thickness rotator cuff tear is

suspected who are not responding favorably to conservative treatment. In this case, the applicant has, indeed, failed to respond favorably to conservative treatment with time, medications, physical therapy, observation, etc. Significant signs and symptoms suggestive of rotator cuff pathology persist. The applicant's limited shoulder range of motion and difficulty with various activities including lifting, pushing, pulling, etc. all call into question possible rotator cuff pathology for which shoulder MRI imaging is indicated, appropriate, and supported by ACOEM. The request is certified, on Independent Medical Review.