

Case Number:	CM13-0048654		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 45-year-old injured worker who reported an injury on 09/13/2012, due to being hit in the back of the head, causing a fall to the floor. The patient reportedly sustained an injury to their head and bilateral shoulders and neck. The patient was conservatively treated with medications, cold and heat therapy, stretching, physical therapy, home exercises, a TENS unit, and activity modifications. The patient's most recent clinical evaluation revealed that the patient had tenderness to the left and right shoulder, of the anterior aspect; limited range of motion bilaterally secondary to pain; and bilateral positive impingement signs. The patient's diagnoses included right shoulder pain and cervical myofascial pain. The patient's treatment plan included an MRI of the right shoulder and physical therapy for the cervical, thoracic, and bilateral shoulders.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends an MRI for patients with evidence of red flag conditions, patients who have evidence of tissue damage or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review does not provide any evidence that the patient has any red flag conditions. Additionally, it is noted within the documentation that the patient's treatment plan includes physical therapy. As the patient continues to be conservatively treated, and since it is not indicated for the patient to be a surgical candidate, an MRI would not be indicated. As surgery for the right shoulder is not being considered for this patient, an imaging study would not be supported. The request for a MRI for the right shoulder is not medically necessary and appropriate.