

Case Number:	CM13-0050365		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2011
Decision Date:	11/17/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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. 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 patient is a 51-year-old female with an injury date of 09/26/2011. Based on the 07/23/13 progress report, the patient has intermittent sharp right arm pain, from the shoulder to the arm. She rates her pain as a 3/10 and the pain radiates to her distal arm. The 08/21/13 report also states that the patient has pain in her right shoulders and arm which she rates as a 4/10. According to the 10/09/2013 report, the patient complains of having pain in her right shoulder with numbness. She rates her pain as a 3/10 and her current medications gave her about 50% decrease in her overall pain. The patient's diagnoses include the following: 1. Pain in limb, right arm. 2. Myalgia and myositis. 3. Skin sensation, disturbed - right. The utilization review determination being challenged is dated 10/22/2014. Three treatment reports were provided from 07/23/2013, 08/21/2013, and 10/09/2013.

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 73221: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute and Chronic), MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

Decision rationale: According to the 10/09/13 progress report, the patient complains of having pain in the right shoulder which she rates as a 3/10. The request is for an MRI of the right shoulder for clinical correlation. The denial letter mentions that there were no "specific objective findings such as positive provocative tests to support the diagnosis of labral or rotator cuff tears." The 10/09/13 report states that "the patient has not had any radiographic studies or other work up done to determine specific injury sustained." ACOEM states that an MRI should be authorized if there is an "emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction." For chronic pain, ODG Guidelines support MRI of shoulder if internal derangements such as rotator cuff/labral tears are suspected. In this case, the patient only has 3/10 pain which seems to be well managed with pain medication. There are no red flags or neurologic deficits such as weakness, or atrophy to consider an MRI. The treating physician does not raise any concerns for rotator cuff or labral tears either. The request is not medically necessary and appropriate.