MAXIMUS Federal Services

Case Number:	CM13-0051568		
Date Assigned:	12/27/2013	Date of Injury:	08/21/2013
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 57 year old female who reported a work-related injury on 08/21/2013 as the result of a fall. Subsequently, the patient presents for treatment of the following diagnoses: right shoulder dislocation with acromioclavicular separation and possible rotator cuff disruption, secondary right brachial plexitis, right chest wall contusion, right knee medial meniscal strain and nasal fracture. The clinical note dated 11/19/2013 reported that the patient was seen under the care of [redacted]. The provider documented that the patient presented with persistent pain about the right shoulder, which is aggravated by even simple activities of daily living. The provider documented that upon physical exam of the patient, tenderness was noted with palpation of the acromioclavicular joint as well as the lateral aspect of the shoulder. There was attenuated shoulder range of motion with some crepitus with shoulder motion. However, full passive range of motion was noted. The provider documented that the patient was to continue utilizing tramadol, Voltaren and Protonix and to undergo an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.acoempracguides.org/Shoulder; Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient sustained multiple injuries status post a work-related fall sustained on 08/21/2013. The patient presented to the emergency room status post the injury and underwent multiple imaging studies, to include an x-ray of the right shoulder, which revealed no acute injury other than degenerative changes. There was no fracture or dislocation noted. The clinical notes failed to evidence that the patient has utilized any active treatment modalities, such as conservative care, or any active conservative modalities, such as physical therapy interventions, prior to the requested imaging study. The California MTUS/ACOEM indicates specific criteria for ordering imaging studies, such as the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction and the failure to progress in a strengthening program intended to avoid surgery. Given all of the above, the request for an MRI of the right shoulder is not medically necessary nor appropriate.