

Case Number:	CM13-0054856		
Date Assigned:	04/16/2014	Date of Injury:	05/17/2011
Decision Date:	05/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker reported an injury on 05/17/2011 after grabbing onto a railing to prevent a fall. The injured worker reportedly sustained an injury to her right upper extremity. The injured worker's treatment history included elbow surgery in 07/2013, carpal tunnel release surgery in 10/2012, postoperative physical therapy, corticosteroids injections, medications, and a TENS unit. The injured worker was evaluated on 10/16/2013. It was noted that the injured worker complained of pain extending along the trapezius and right side of the neck radiating into the mid back and medial border of the right shoulder blades. Physical findings included restricted range of motion of the shoulder described as 105 degrees in abduction, 90 degrees in flexion, 30 degrees in extension, 60 degrees in external rotation, and 30 degree in internal rotation. The injured worker's diagnoses included status post right carpal tunnel release, status post right lateral epicondylitis release, and status post right shoulder tendonitis/bursitis. The injured worker's treatment plan included modified work duty, additional physical therapy to the elbow, an MRI of the right shoulder, and an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 561-563.

Decision rationale: The requested MRI for the right shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for shoulder injuries when there is an emergence of a red flag condition, evidence of neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review does not support that the injured worker has participated in a strengthening program directed towards the shoulder in an attempt to avoid surgical intervention. Therefore, the need for an imaging study at this time is not appropriate for this injured worker. As such, the requested MRI for the right shoulder is not medically necessary or appropriate.