

Case Number:	CM13-0063817		
Date Assigned:	03/24/2014	Date of Injury:	09/13/2013
Decision Date:	05/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopaedic Surgery 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 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:

This 47-year-old female general laborer/packer reported a repetitive stress injury on 9/13/13 with a gradual onset of neck, bilateral shoulder, elbow and wrist, mid-back and low back pain over 15+ years of employment. Initial right shoulder exam on 9/13/13 documented grade 8/10 bilateral shoulder pain, worse on the right, and limited painful range of motion with forward flexion 150°, extension 40°, abduction 90°, adduction 40°, and internal/external rotation 80°. Right shoulder diffuse 3+ tenderness was reported with trapezius spasms. Resisted abduction was negative for weakness but produced pain. Cross arm test and Hawkin's sign were positive. The left shoulder exam was identical to the right shoulder exam. Initial treatment included Toradol IM, physical therapy 3x4, wrist brace, tennis elbow support, ice pack, and Robaxin 500 mg at bedtime. Rheumatoid factor was elevated and the patient was instructed to see a rheumatologist. A right shoulder steroid injection was provided 10/15/13. The 10/25/13 PTP report indicated the patient was about the same despite injection and physical therapy. The treatment plan recommended a right shoulder MR arthrogram due to prolonged symptoms. The patient changed PTPs on 10/30/13. The Doctor's First Report subjective complaints included grade 6-8/10 sharp burning bilateral shoulder pain. Objective exam findings documented +2 AC joint, subacromial space, rotator cuff tendon and muscle tenderness, decreased range of motion, positive impingement and tendon signs, and decreased motor strength but findings were non-specific as to which shoulder was being reported. The treatment plan included x-rays, TENS unit, hot/cold, physical therapy, acupuncture, shockwave, functional capacity evaluation, MRI, and EMG/NCV with body parts non-specified. MRI of the right shoulder was non-certified in utilization review on 11/27/13 due to an inadequate description of symptoms and physical exam findings that lacked sufficient detail and current information about the right shoulder to assess

the condition properly. There were no clinical red flags reported and adequate conservative treatment had not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 197-198,207-209 and 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: Under consideration is a request for right shoulder MRI. The ACOEM Guidelines stated that imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Guideline criteria have been met. At the time of this request, there was adequate documentation that the patient had failed to progress despite prescribed therapy, medications and injection. The pain and physical exam relative to the right shoulder identified plausible tissue insult. Therefore, this request for right shoulder MRI was medically necessary.