

Case Number:	CM13-0064190		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2013
Decision Date:	09/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine, 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:

There were 53 pages provided for this review. The request for independent medical review was signed on December 6, 2013. The issue was the MRI of the right shoulder. Per the records provided, the patient was injured on February 14, 2013. The patient complained of right shoulder pain with limited abduction and decreased internal and external rotation on examination in a medical report dated October 21, 2013. There was a primary treating physicians report from May 29, 2013. The patient has persistent pain and there has been no changes. The shoulder is hurting worse. There is pain and the thoracic back. The MRI is still pending authorization. There is a left radiculopathy and limited range of motion of the right shoulder. The back still has tenderness to the lower lumbar and midthoracic region. There is no saddle anesthesia and the straight leg raise was negative. The right shoulder showed decreased range of motion, decreased abduction and good grip. The diagnoses were low back pain with radiculopathy, thoracic back pain and right shoulder pain. The medicines were Voltaren, Flexeril and Vicodin. The patient was on an off work status from until July 1, 2013. Several other PR two reports were provided as well. It is not clear that the patient had received appropriate conservative treatment such as physical therapy.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, under MRI.

Decision rationale: The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. As the previous reviewer noted, it is likewise unclear what conservative therapy had been done prior to entertaining the notion of advanced shoulder imaging. Finally, normal plain radiographs are not noted. The request is appropriately non certified.