

Case Number:	CM13-0067611		
Date Assigned:	01/03/2014	Date of Injury:	01/04/2012
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 is a 28-year old female who reported a work-related injury on 01/04/12 to her head as she struck her head against an overhead bin in a taxi shuttle. She reported gradual onset of right shoulder symptoms. Treatment to date consisted of physical therapy, acupuncture, massage, exercises and Non-Steroidal Anti-Inflammatory Drugs (NSAID) mostly directed at cervical spine. A progress report dated 10/28/2013 indicates she has been having non-painful popping sounds in the right shoulder with motion, especially when she rotates. She denies any activities that really involve using the right arm, although she had tried badminton, which aggravated her symptoms. Physical examination findings note normal neurological findings with regards to motor strength and sensory, (-) impingement signs, and full abduction bilaterally. Medical note dated 11/06/2013 related no swelling, tenderness or crepitus. ROM was 180 degrees abduction & flexion, 80 degrees internal and external rotation with abduction and external rotation strength graded as +4/5 and (+)O'Brien's test. Treatment plan includes recommendation for MRI of the right shoulder to evaluate for rotator cuff or labral pathology. A progress report dated 11/13/2013 indicates radiograph of shoulder revealed no glenohumeral degenerative changes, and no AC degenerative changes. No fracture or dislocation noted. Type II acromion morphology is noted. Overall bone quality is noted to be normal.

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: Upheld

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

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

Decision rationale: As Per CA MTUS (ACOEM) guidelines indicate one of the primary criteria for ordering imaging studies as physiologic evidence of tissue insult or neurovascular dysfunction (e.g.,cervical root problems presenting as shoulder pain, weakness from amassive rotator cuff tear, or the presence of edema, cyanosis or Raynaud'sphenomenon). In this case, the records reviewed indicate the patient reported right shoulder symptoms were gradual and treatment was mostly directed at cervical spine. On exam dated 10/28/2013 noted non-painful right shoulder popping during rotation and further related possible aggravation of symptoms after playing badminton. Neurological findings with regards to motor strength and sensory was normal, negative impingement sign, and full abduction bilaterally. A follow-up exam on 11/06/2013 showed positive O'Brien and 4/5 strength on external rotation but otherwise no swelling, tenderness or crepitus. Range of Motion (ROM) was essentially normal. There was not enough evidence of physical findings indicating rotator cuff tear or labral tear to warrant MRI of the right shoulder. Additionally, there is no documentation of trial and failure of conservative care to the right shoulder or surgery is being considered. Thus, the request for MRI of the right shoulder is not considered medically necessary and necessary.