

Case Number:	CM13-0069053		
Date Assigned:	01/17/2014	Date of Injury:	05/15/2013
Decision Date:	05/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a 26 year old female who reported an injury on 05/15/2013 secondary to lifting. The diagnoses are right shoulder sprain, myalgia and intermittent pain with delayed recovery. The injured worker was evaluated on 10/16/2013 for right shoulder pain. The injured worker reported 5-8/10 pain to the right shoulder worsening with activity. The exam noted positive tenderness to palpation of the right shoulder, decreased range of motion of right shoulder with flexion at 80 degrees, abduction at 80 degrees, external rotation at 45 degrees, internal rotation at 60 degrees and adduction at 20 degrees. A positive impingement and painful arc test was also noted on exam. The injured worker was evaluated on 11/05/2013 for continued pain. The exam noted Ultram as a medication without dose or effect. The injured worker was evaluated on 11/19/2013 for continued pain. The exam noted Soma as a medication without dose or effect. The treatment recommendations include MRI of the shoulder and referral to an orthopedic surgeon.

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 Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, MRI.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines and the ODG recommend imaging studies when the injured worker has failed conservative care and evidence of red flags. The physical exam noted the injured worker has decreased range of motion and increased pain with activity of the right shoulder. The exam also noted the patient has begun medication use of Ultram and Soma; however, the dose and effect is not indicated in the notes provided. There is no indication of physical therapy treatment in the records provided. Based on the lack of evidence of conservative care, or any red flags to indicate a need for further imaging studies, the request is not medically necessary.