

Case Number:	CM13-0071898		
Date Assigned:	01/08/2014	Date of Injury:	04/08/2013
Decision Date:	05/27/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 48-year-old male who injured his right shoulder starting in June, 2011, and then cumulatively incurred trauma through and worsened during five (5) months leading up to 4/8/13 related to repeated motions while using his right arm. The worker used non-steroidal antiinflammatory drugs (NSAIDs) to help treat the pain, according to the provided documents. The worker complained at that time that his pain was rated at a 7/10. The worker was diagnosed at that time with right sholder sprain/strain. The treating physician on 4/8/13 ordered physical therapy three (3) times a week for two (2) weeks, an MRI of the right shoulder, oral medications including hydrocodone, cyclobenzaprine, naproxen, and omeprazole, and also ordered modified work restrictions. The worker began with chiropractic treatment starting after 4/13 for six (6) visits, which the worker stated was helping him. The worker apparently didn't do physical Final Determination Letter for IMR Case Number CM13-0071898 3 therapy, according to the records provided. Later, in 7/13, a request by his treating physician was made for him to complete a course of physical therapy, which was not done. On 7/29/13, his chiropractor stated in his progress note that besides a right shoulder strain, he also has the diagnosis of internal derangement of the right shoulder and a sprain of the thoracic spine. In this report the chiropractor stated that his pain during the course of the chiropractic treatments were rated ranging from a 5-10/10, but that he was not able to drive due to pain. During this time, he was not working and the pain didn't improve with rest for at least two (2) months. After the other oral medications ran out, the worker continued to use NSAIDs to treat his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT SHOULDER JOINT (UPPER EXTREMITY) WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The MTUS/ACOEM Guidelines indicate that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six (4-6) week period of conservative care and observation fails to improve symptoms. MRIs are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even in cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the four to six (4-6) week period after the injury, an MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include: 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems); 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon; 3. failure to progress in a strengthening program intended to avoid surgery; and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, although prescribed physical therapy, did not follow through. Physical therapy and home exercises are a major part of the conservative treatment regimen for shoulder injuries, particularly for shoulder strain such as in this case, and without the worker having exhausted all conservative treatment first, the MRI is not warranted, nor would be helpful. The prescribing physician ordered the MRI at the same time as the physical therapy, which also would be inappropriate timing since a reported response to conservative treatment would be required first before considering an MRI as a study to order. Also, there is no evidence in the history and physical examination by the treating physician at the time of the MRI request that suggested that the worker had any red flags that would warrant an MRI request. For these reasons the MRI right shoulder joint (upper extremity) without dye is not medically necessary.