

Case Number:	CM14-0001650		
Date Assigned:	02/07/2014	Date of Injury:	10/24/2013
Decision Date:	06/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/06/2014

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:

The patient is an employee of [REDACTED] and has submitted a claim for right biceps strain and right shoulder sprain/strain associated with an industrial injury date of October 24, 2013. Treatment to date has included oral analgesics, home exercise program, physical therapy, and occupational therapy. Medical records from 2013 were reviewed and showed right shoulder and wrist pain rated 8/10 worsened by movement, and right elbow pain and weakness rated 5/10. Physical examination showed limitation of motion of the right shoulder with tenderness and a slightly positive impingement test; limitation of motion of the right wrist with pain and a positive Finkelstein's test; decreased grip strength and reflexes. The pain is relieved with rest and Motrin. Utilization review dated December 19, 2013 denied the request for MRI of the right shoulder due to no physical findings indicating a presence of internal derangement of the right shoulder; and improvement with physical therapy was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT SHUOLDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Shoulder Chapter.

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Shoulder Chapter, MRI was used instead. ODG recommends shoulder MRI if there is acute shoulder trauma with suspected rotator cuff tear/impingement; over age 40; and normal plain radiographs. It is also recommended for subacute shoulder pain with suspected instability/labral tear. In this case, the patient suffered a right shoulder injury. However, the physical examination findings do not support the diagnosis of rotator cuff tear or shoulder instability to warrant MRI. Moreover, a plain radiograph of the right shoulder was not done which is a pre-requisite for MRI. The guideline criteria were not met. Therefore, the request for MRI of the right shoulder is not medically necessary.