

Case Number:	CM14-0002757		
Date Assigned:	01/29/2014	Date of Injury:	06/19/2012
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine 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:

The injured worker is a 42 year old female with a reported injury date on 10/16/2011; the mechanism of injury was not provided. The clinical note dated 11/19/2013 noted that the injured worker had complaints that included pain to the right shoulder and neck. Objective findings included tenderness to the right acromioclavicular joint, positive Hawkins test, and positive Neer's test. Additional findings included decreased range of motion to the cervical spine with spasms and stiffness and positive Spurling's test bilaterally. A physical therapy note dated 08/02/2013 noted that the injured worker had improved range of motion measured at 150 degrees flexion and 160 abduction compared to the initial physical therapy assessment on 04/26/2013 which measure range of motion at 110 degrees flexion and 90 degrees abduction. It was also noted that the injured workers strength has slightly increased from 4- to 4. The request for authorization for an MRI of the right shoulder to rule out rotator cuff tear was submitted on 10/23/2013.

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 TO RULE OUT A ROTATOR CUFF TEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Shoulder.

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

Decision rationale: The request for an MRI of the right shoulder to rule out a rotator cuff tear is not medically necessary. It was noted that the injured worker had complaints that included pain to the right shoulder and neck. Objective findings included tenderness to the right acromioclavicular joint, positive Hawkins test, and positive Neer's test. It was also noted that the injured worker had gained improvement of range of motion and strength through physical therapy. ACOEM guidelines state that imaging studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms, there is an emergence of red flags, evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or there need to be a clarification of the anatomy prior to surgery. There is a lack of evidence in the documentation to suggest that the injured worker had symptomology correlating with rotator cuff tear. Additionally, there is documentation showing that the injured worker has gained both strength and range of motion through physical therapy. Furthermore, imaging studies should be used to rule in conditions that are suspected based on objective findings. As such this request is not medically necessary.