

Case Number:	CM14-0007950		
Date Assigned:	02/10/2014	Date of Injury:	11/15/2012
Decision Date:	08/05/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 45-year-old male with a 11/15/12 date of injury to his left hand and right arm after he slipped and fell while dumping gravel. He was seen on 1/17/14 for ongoing right shoulder pain. His pain improved with a recent injection. Exam findings revealed improved active range of motion of the right shoulder with positive impingement signs, weakness with abduction and flexion at 4/5. His diagnosis is right shoulder rotator cuff tendinitis rule out tear, right shoulder impingement syndrome, AC joint symptoms, and left hand pain. An MRI was requested in his last visit. Treatment to date: restricted duty, medications. A UR decision dated 12/30/13 denied the request given there was no report or evidence of plain film of the right shoulder, limited exam findings, and limited evidence of treatment to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Shoulder Chapter, MRI).

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. This patient has right shoulder pain and clinical signs of impingement and rotator cuff weakness on exam. While an MRI may help clarify these findings, no plain radiographs were documented to rule out a fracture or characterize any arthritis of the shoulder. Per ODG, a plain film should be obtained prior to an MRI. In addition, there are scant physical findings in the right shoulder in the documentation provided. Given this, the request for an MRI was premature and not medically necessary.