

Case Number:	CM14-0105452		
Date Assigned:	09/16/2014	Date of Injury:	09/28/2006
Decision Date:	10/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 48-year-old female who reported an injury on 09/20/2006 while removing empty boxes from the conveyor belt she heard a pop to the right shoulder. The injured worker complained of right shoulder pain. The injured worker had a diagnosis of right shoulder pain and rotator cuff tear. The objective findings dated 04/09/2014 revealed a well healed portal incisions from previous surgeries, passive range of motion without scapular protraction, forward flexion at 90 degrees, abduction at 80 degrees, external rotation 65 degrees, internal rotation 20 degrees with pain. She had a positive impingement test, equivocal drop arm test, negative Speed's and negative Yergason's. The diagnostics included an MRI dated 09/21/2012 that demonstrated a small focal perforation near the enthesis of the infraspinatus tendon along the posterior aspect of the greater tuberosity, moderate tendinopathy of the distal supraspinatus tendon. Treatments included medication, physical therapy, and injections. The injured worker also had the HELP program. The medications included naproxen, tramadol, and calcium D3. The request for authorization was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Shoulder (Acute & Chronic)

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

Decision rationale: The request for right shoulder MRI without contrast is not medically necessary. The California MTUS/ACOEM indicates that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fail to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Except when failure to progress in a strengthening program indicated to avoid surgery, clarification of the anatomy prior to an invasive procedure, physiological evidence of tissue insult, or neurovascular dysfunction. The injured worker had an MRI of the right shoulder completed on 09/21/2012. The clinical notes were not evident that the injured worker had reinjured or had any other trauma to that right arm. The injured worker does not meet the criteria based on the guidelines above. As such, the request is not medically necessary.