

Case Number:	CM14-0108658		
Date Assigned:	08/01/2014	Date of Injury:	09/09/2009
Decision Date:	09/26/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Surgery and is licensed to practice in California, Texas, Oklahoma and Tennessee 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 44 year old female who sustained an injury to her right shoulder on 09/09/09. An operative note dated 04/25/14 reported that the injured worker underwent a right elbow cubital tunnel release and anterior subcutaneous ulnar nerve transposition. The mechanism of injury was due to cumulative trauma while performing her usual and customary duties as a shipping/receiving clerk. Pain has progressively become worse and it was noted that the injured worker has failed outpatient conservative therapy including at least 14 physical therapy visits and surgical intervention. The clinical note dated 06/17/14 reported that the injured worker is doing extremely well. She noted that the paresthesia/numbness in her right fingers has decreased significantly since the surgical intervention as she has previously had surgical intervention to her left elbow for the same condition, as well as her bilateral shoulders. The injured worker stated that she is still having pain at the AC joint, but this does decrease with icing and she is concerned that this pain is worsening. She is also having difficulty sleeping. Physical examination findings of the bilateral shoulders noted tenderness to the AC joints, positive Hawkins'-Kennedy test to the bilateral shoulders; range of motion full.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST, AS AN OUTPATIENT:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI).

Decision rationale: The previous request was denied on the basis that there was no documentation of a significant change in symptoms. Physical examination findings from previous evaluations were not provided for review to document significant change in symptoms. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional red flags identified that would warrant a repeat study. Given this, the request for an MRI of the right shoulder without contrast, as an outpatient is not indicated as medically necessary.