

Case Number:	CM14-0012873		
Date Assigned:	02/24/2014	Date of Injury:	08/01/2011
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 57-year-old male who reported an injury on 01/03/2014. The injured worker states his mechanism of injury was from turning a steering wheel. A request for authorization for medical treatment was dated 01/06/2014 requesting an MRI of the right shoulder. The injured worker was seen for a clinical evaluation on 01/06/2014 with a chief complaint being right shoulder pain. The patient indicated that he has been treating himself with over-the-counter pain medications as needed. The physical examination demonstrated that injured worker was in mild distress, his shoulder did not demonstrate any abnormalities on appearance; however, the shoulder had normal range of motion in all planes. Testing of the shoulder revealed no pathological results, sensory and distal pulses were both normal, palpation of the shoulder was positive for tenderness at the anterior area. It is noted that cervical range of motion was normal in all planes without pain and that range of motion of the trunk was normal in all planes without pain. Range of motion of the elbow was normal in all planes without pain and the opposite side was unremarkable. The diagnoses made at the evaluation were right shoulder strain and right shoulder tenosynovitis. The treatment plan included a referral to an orthopedic specialist. The plan also indicated activity status to remain regular activity. The request for authorization is dated 01/06/2014 and a copy was submitted with this request for an MRI of the joint upper extremity without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF AN UPPER EXTREMITY JOINT WITHOUT DYE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214, 207-209.

Decision rationale: The MTUS/ACOEM Guidelines state that a routine MRI for evaluation of shoulder disorders without surgical indications is not indicated. The guidelines also indicate that the criteria for imaging includes emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, and clarification of anatomy prior to surgery. The injured worker's clinical evaluation did not show any indications for surgical interventions, nor did the evaluation provide examination findings that would support suspicion of shoulder pathology that would indicate a MRI according to the guidelines. The clinical evaluation did not indicate failure of conservative care. The request for the MRI of an upper extremity joint without dye is not specific to right or left. As such, the request is not medically necessary due to the lack of conservative care documentation and due to no surgical indications noted in the physical evaluation.