MAXIMUS Federal Services

Case Number:	CM14-0114183		
Date Assigned:	08/04/2014	Date of Injury:	04/02/2012
Decision Date:	10/06/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

According to the provided documents, this is a 58-year-old man who injured his right shoulder on 4/2/12. He had rotator cuff repair and acromioplasty 7/3/12. There was postoperative physical therapy. The requesting PR-2 of 6/25/14 from the physician indicates that patient is complaining of soreness and inflammation in the right upper back after he received chiropractic treatment. In addition to the back complaints, he was complaining of intermittent moderate achy, stabbing pain right shoulder pain and weakness. The only objective findings relating to the right shoulder are that there was normal range of motion. Diagnoses were thoracic sprain/strain and residuals right shoulder after prior arthroscopic surgery. The treatment plan states the patient completed chiropractic and acupuncture therapy but there is no mention whether or not this was directed towards the back or if the treatment included addressing the shoulder. (Normally MTUS guidelines would not support chiropractic manipulative therapy for chronic shoulder injuries). Additional aquatic therapy was being ordered, no body parts mentioned. Patient was given medications and an MRI arthrogram of right shoulder was ordered. There is no mention of the duration of flareup of the shoulder complaints, no dicumentation of any actual specific functional deficits, only complaints of pain with certain activities (reaching, prolonged grabbing/grasping, pushing, pulling and overhead reaching). The exam did not document any abnormalities in the shoulder. There is no mention of a consideration for corticosteroid injection, physical therapy specifically directed for the shoulder and no mention of patient participation in any independent home rehabilitation program for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Joint, Upper Extremity, Without Dye, Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The requesting document does not show any objective findings in the shoulder on physical examination. There is notation of pain with certain activities but no loss of function described. There is no indication the patient would be a surgical candidate and there is no red flag. ACOEM guidelines primary criteria for ordering imaging studies including MRI is that there is evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, clarification of anatomy prior to the invasive procedure or emergence of a red flag such as indication of intra-abdominal or cardiac problems presenting as a shoulder problem. None of those criteria are met in the requesting document. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.