

Case Number:	CM14-0121195		
Date Assigned:	08/06/2014	Date of Injury:	05/04/2013
Decision Date:	09/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 40 year old worker who was injured at work on 05/04/2013. The worker complains of 6/10 pain in the right shoulder. The pain is constant, burning and radiates to the right arm. The pain appears to be improving with treatment. The physical examination is positive for mild limitation in right shoulder range of motion, the right shoulder is tender to touch and there is positive O'Brian test. The injured worker has been diagnosed of right shoulder injury, myofascial pain, and rotator cuff tendonitis. Treatment with Naproxen 550 mg and Lidoderm reduced the pain by 40-50 %. The worker had received 4-6 chiropractic care, and also is being treated with ultrasound treatment, TENS unit, Home exercises, teracane. The worker is on restricted duty. The MRI of 08/ 30/2013 revealed right shoulder degenerative changes including tendinosis; and tear of anterior/inferior labrum where there was a paralbral cyst. In dispute is the request for MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, page(s) 208-209.

Decision rationale: There is nothing in the documents reviewed suggesting the case meets the criteria for Shoulder MRI by MTUS, which are, the presence of: 1. Red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), 2. Physiologic evidence of tissue insult or neurovascular dysfunction (e.g. Cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), 3. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment or 4. Failure to progress in a strengthening program intended to avoid surgery. As such, this request is not medically necessary.