MAXIMUS Federal Services

Case Number:	CM14-0126663		
Date Assigned:	08/13/2014	Date of Injury:	12/08/2013
Decision Date:	09/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation and Pain Medicine, and is licensed to practice in California and Washington. 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 71-year-old male who reported an injury on 12/08/2013. The injury reported was while the injured worker lifted a 65 pound toy jeep. The diagnoses included right shoulder arthritis at AC joint, right shoulder impingement. The previous treatments included medication and physical therapy. Within the clinical note dated 06/09/2014, it was reported the injured worker complained of moderate to severe frequent achy, right shoulder pain. He indicated he had difficulty with extending his right arm over his shoulder. Upon the physical examination the provider noted the range of motion of the right shoulder was flexion at 160 degrees, and extension at 40 degrees. The provider indicated that the injured worker had tenderness noted at the right anterior acromion right subdeltoid bursa and right anterior acromion joint. The injured worker had a negative Tinel's and Phalen's test bilaterally. The request submitted is for an MRI of the right shoulder. However, a rationale is not provided for clinical review. The Request for Authorization is not provided for clinical review.

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.

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

Decision rationale: The request for an MRI of the right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines note for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation failed to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There is lack of documentation indicating the injured worker tried and failed on conservative therapy. The request submitted failed to provide significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or mild dermal distribution. Therefore, the request for MRI is not medically necessary.