

Case Number:	CM14-0129516		
Date Assigned:	08/18/2014	Date of Injury:	03/11/2013
Decision Date:	09/11/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine, and is licensed to practice in Ohio. 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 has a date of injury between March 11, 2012 and March 11, 2013. She works as a psychiatric social worker and her position involves lots of writing and typing. She presented with bilateral wrist pain, hand pain and elbow pain and also neck pain. She was evaluated for a cervical radiculopathy and any other upper extremity neuropathies and was found to have evidence of tendinitis of the wrists, mild carpal tunnel syndrome and cubital fossa syndrome. She began also to complain of right shoulder pain, worse in the evenings making it difficult to sleep. The shoulder issue was very specifically addressed by the agreed medical examiner on April 28, 2014. At that time it was found that the injured worker had full range of motion and strength of the shoulder. Further, that she likely had rotator cuff tendinitis with a mild impingement syndrome and that the injured worker was certainly not a candidate for surgery with regard to the right shoulder. It was recommended that the injured worker be given a trial anti-inflammatory medication and be considered for therapy. AP and lateral x-rays of the right shoulder were normal. It was felt that the shoulder symptoms would resolve when the hands and the wrists were improved.

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.

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

Decision rationale: The above referenced guidelines from the American College of Occupational and Environmental Medicine suggests that for most patients with shoulder problems, special studies are not needed unless a four-to-six week period of conservative care and observation fails to improve symptoms. The injured worker appears to have had one episode of physical therapy, that being on March 25 of 2014, but that appeared to be for her neck, elbows, forearms and wrists. More specialized imaging is generally not recommended initially except when a red flag condition noted on history or physical exam raises suspicion of a serious shoulder condition or referred pain. Additionally, when surgery is being considered for a rotator cuff tear, specialized imaging such as MRI scanning and arthroscopy may be considered to better identify relevant anatomy. MRI scanning may be used sooner if serious pathology is suspected such as tumor or infection. In this instance, the injured worker was not felt to have a potential surgical condition with regard to her right shoulder, appeared to have no red flag symptoms, and had not been prescribed a conservative course of therapy, for example physical therapy. MRI scan of the right shoulder at this time is therefore medically unnecessary.