

Case Number:	CM14-0144568		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2006
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 51-year-old female who reported an injury on 10/12/2006. The mechanism of injury occurred while lifting a patient. Her diagnoses included cervical spine strain, lumbar spine strain, right shoulder strain, left hip strain, right foot strain, and left foot strain. The injured worker's past treatments included physical therapy, medications, a cane, and surgery. Her diagnostic exams included an x-ray and MRI of the right hip and knee, and an electromyography study. The injured worker's surgical history included a right knee and hip surgery performed in 2011. On 07/23/2014, the injured worker complained of right hip and thigh pain. The pain also involved the right hip and buttocks. The injured worker also indicated that the right hip pain radiated to the right groin and was constant. She also had right lower extremity numbness, tingling, and heaviness, with right foot drop noted. Additionally, the patient stated the right pain was becoming progressively worse, preventing her from performing activities of daily living, and causing instability of her gait. She also reported right leg weakness, making it difficult for her to ambulate without the risk of falling. The injured worker rated her pain level at 8-9/10 and indicated the pain had become worse. The physical examination revealed tenderness to palpation over the right hip joint and decreased range of motion. The injured worker's medications included Motrin 800 mg, OxyContin 40 mg, Neurontin 600 mg, Morphine 15 mg, and Roxicodone 30 mg. The treatment plan consisted of the continuation of medications, a request for a lower extremity electromyography, a right sympathetic block, and an MRI of the right shoulder without contrast. A request was received for an MRI of the right shoulder without contrast. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The request for a MRI of the right shoulder without contrast is not medically necessary. The ACOEM guidelines state that diagnostic testing is not indicated for nonspecific shoulder pain. Based on the clinical notes, the injured worker did not have complaints of shoulder pain or any etiology related to such. Also, the clinical notes indicated that the injured worker complained of right hip and thigh pain which does not involved the right shoulder. The use of diagnostic testing without the indication of red flags is not warranted. Therefore, due to a lack of support for the use of a MRI of the shoulder, the request is not medically necessary.