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| Case Number: | CM14-0156491 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 11/07/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 and 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 45-year-old female who reported an injury on 11/07/2013. The mechanism of injury was listed as continuous trauma. The diagnoses included cervical radiculopathy, bilateral shoulder impingement, bilateral wrist tendinitis/bursitis, and bilateral elbow tendinitis/bursitis. Past treatments included icing/heating pads, physical therapy, and medications. Pertinent diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 07/28/2014 indicated the injured worker complained of constant pain in the right shoulder. She described symptoms as popping, clicking grinding, as well as episodes of numbness and tingling in the arms. She stated pain increased with reaching, pushing, pulling, and with any lifting. The physical exam of the shoulders revealed mildly positive impingement and Hawkins signs, as well as tenderness to the posterior deltoids bilaterally. Current medications were not provided. The treatment plan included a right shoulder MRI without intra-articular contrast. The rationale for the treatment plan was to utilize MRI study findings to provide additional treatment recommendations. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI without intra-articular contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: The California MTUS/ACOEM Guidelines indicate that an MRI may be considered for a patient who has limitations due to consistent symptoms that have persisted for one month or more and surgery is being considered. The Official Disability Guidelines go on to state that MRI of the shoulder is recommended for suspected rotator cuff tear/impingement when plain radiographs are normal. The clinical documentation indicated that the injured worker complained of right shoulder pain, with popping, clicking, and grinding sensations. She indicated that she had episodes of numbness and tingling in the arms. She stated that pain was increased with reaching, pushing, pulling, and with any lifting. The physical exam of the shoulders revealed mildly positive impingement of Hawkins signs. There is a lack of clinical documentation to indicate functional deficits, including quantified values for muscle strength and range of motion of the right shoulder. Additionally, there is a lack of documentation to indicate that an x-ray was obtained of the right shoulder. The physician noted right shoulder red flags of significant decrease in range of motion in strength; however, he did not include quantified values for these deficits. Therefore, the request cannot be supported at this time. As such, the request for right shoulder MRI without intra-articular contrast is not medically necessary.