MAXIMUS Federal Services

Case Number:	CM14-0169016		
Date Assigned:	10/17/2014	Date of Injury:	04/24/2013
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 records presented for review indicate that this 32 year old female was reportedly injured on April 24, 2013. The most recent progress note, dated September 11, 2014, indicates that there are ongoing complaints of shoulder pain, forearm pain, hand pain, neck pain, and upper back pain. Complaints of difficulty falling asleep as well as anxiety and depression were also noted. The physical examination demonstrated stiffness and tenderness along the cervical and thoracic spine as well as the shoulders, arms, and left wrist, examination of the shoulder revealed tenderness at the acromioclavicular joint and upper trapezius bilaterally; full range of motion of both shoulders, elbows, hands, and wrists;
decreased sensation was noted in the bilateral upper extremities although it is not stated where; normal thoracic and lumbar spine range of motion. Previous diagnostic imaging studies are unknown. Previous treatment has included oral medications. Current medication regimen includes Motrin for pain. Prior to the current course of medication the injured worker slept 5 to 6 hours per night. The injured worker reported pain is reduced at rest was noted. As of 9/11/14 the injured worker was placed on temporary total disability until next visit. A request was made for an MRI of the right shoulder and was not certified in the preauthorization process on October 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines premium/ Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the American College of Occupational and Environmental Medicine, the criteria for ordering imaging studies includes the presence of red flag findings, evidence of neurovascular dysfunction, as well as failure to progress in a strengthening program intended to avoid surgery. The progress note dated September 11, 2014, only reveals that there is tenderness at the acromioclavicular (AC) joint. There was full range of motion of the shoulder and no abnormal findings on special testing. With this and the guideline requirements, this request for an MRI the right shoulder is not medically necessary.