

Case Number:	CM14-0174256		
Date Assigned:	10/24/2014	Date of Injury:	07/11/2013
Decision Date:	11/25/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency 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 injured worker is a 32 year-old female, who sustained an injury on July 11, 2013. The mechanism of injury occurred while placing salad dressing on a party tray. Diagnostics have included: July 15, 2014 EMG/NCV reported as normal. Treatments have included medications, physical therapy, and chiropractic. The current diagnoses are carpal tunnel syndrome and myalgia. The stated purpose of the request for MRI of the right shoulder was to rule out internal derangement and impingement syndrome. The request for MRI of the right shoulder was denied on October 6, 2014, citing a lack of documentation of plain radiographs. Per the report dated September 18, 2014, the treating physician noted complaints of pain to the shoulder, neck and back. Per the QME report dated August 5, 2014, the provider noted positive impingement signs to the right shoulder and a recommendation for a right shoulder MRI to rule out internal derangement and impingement syndrome.

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, Shoulder (updated 8/27/14)

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

Decision rationale: The requested MRI of the right shoulder is not medically necessary. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has pain to the shoulder, neck and back. The QME provider has documented positive impingement signs to the right shoulder. The treating physician has not documented shoulder joint range of motion measurements, detailed description of multiple orthopedic provocative testing, nor results of physical therapy trials for the shoulder. The criteria noted above not having been met, MRI of the right shoulder is not medically necessary.