

Case Number:	CM14-0028449		
Date Assigned:	06/18/2014	Date of Injury:	10/23/2013
Decision Date:	08/07/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 42 year old female with a date of injury on 10/23/13. The injury occurred when she was operating a machine while polishing a floor. She was diagnosed with a bilateral shoulder sprain / strain. The injured worker also presented with pain in her neck, elbows, wrists and left hip. She also presented with radiating pain into the right upper extremity with reduction of sensation on the right C6, C7, C8 dermatomes. Her shoulder range of motion was normal and her strength was a 5/5 in all planes. There was tenderness on the right acromioclavicular joint, greater tuberosity, bicipital groove, subacromial bursa, scapula muscle, and trapezius muscle. Her impingement test was equivocal on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF JOINT UPPER EXTREMITY WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: Per California Medical Treatment Utilization Schedule guidelines, the primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Additionally, there are high false positive results with magnetic resonance imaging of the shoulder such as findings that were present prior to the injury or as a result of normal wear and tear. Furthermore, the medical records show that the shoulders' range of motion was normal. The shoulder strength was also normal. There is no clear documentation of any positive provocative tests such as the Hawkin's or Neer tests. There are no signs of any inflammation or swelling. Therefore, the request is not medically necessary and appropriate.