

Case Number:	CM14-0032453		
Date Assigned:	06/20/2014	Date of Injury:	03/17/2013
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 63-year-old female who reported an injury on 03/17/2013. The mechanism of injury was not provided for clinical review. The diagnoses included discogenic cervical condition with facet inflammation, bilateral shoulder impingement with full thickness rotator cuff tear on the left shoulder per MRI 08/12/2013, and discogenic thoracic and lumbar condition with facet inflammation. Previous treatments included an MRI and medication. Within the clinical note dated 02/06/2014, it was reported the injured worker complained of constant right shoulder pain, which she rated 7/10 in severity. She complained of tension and spasms in her right shoulder. The injured worker is unable to reach overhead. Upon physical examination, the provider noted shoulder abduction at 120 degrees and flexion at 125 degrees bilaterally. The provider indicated the injured worker had deep tendon reflexes symmetric bilaterally with 2+ biceps, triceps, and brachioradialis. Hoffmann's test was negative bilaterally. Sensation is intact throughout bilateral upper extremities. The provider noted the injured worker to have a positive impingement sign on the left and a mild on the right. Speed's test was positive on the left and mild on the right. The Hawkins test was positive on the left and mild on the right. The injured worker had a positive cross arm test on the left, a negative O'Brien's test, negative cross arm test on the right, and negative O'Brien's test on the right. The provider indicated the injured worker had tenderness along the AC joint, rotator cuff, and biceps tendon bilaterally. There was Mild tenderness along the posterior capsule. The provider requested an MRI of the right shoulder; however, a rationale was not provided for clinical review. Request for authorization was submitted and dated 02/19/2014.

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 Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The injured worker complained of constant right shoulder pain, which she rated 7/10 in severity. She complained of tension and spasms in her right shoulder. She noted she is unable to reach overhead. The injured worker complained of arm weakness and loss of motion. The California MTUS/American College of Occupational and Environmental Medicine notes if physiological evidence indicates tissue insult or nerve impingement, consider a discussion with a consultant regarding the next step, including the selection of an imaging test to define a potential cause an MRI for neural or soft tissue, a CT for bony structures. Additional studies may be considered to further define problem areas. The clinical information provided revealed the injured worker has undergone an MRI previously; however, the injured worker's physical examination findings at that time were not provided in order to determine if there has been a significant change in condition to support repeat imaging at this time. There was also a lack of information pertaining to failure of conservative care prior to a repeat study. Therefore, the request for MRI of the right shoulder is not medically necessary.