

Case Number:	CM14-0039220		
Date Assigned:	06/27/2014	Date of Injury:	01/05/2005
Decision Date:	09/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 patient is a 50 year old male who was injured on 01/05/2005 when he fell at work. Prior medication history included hydrochlorothiazide, hydrocodone, ibuprofen, loratadine, atenolol, Omeprazole, Tramadol and Zolpidem. Follow-up note dated 03/11/2014 documented the patient presented for follow-up. His pain is aggravated by movement with associated popping and clicking. On exam, there is tenderness to palpation of the greater tuberosity and the bicipital groove and supraspinatus, the subacromial bursa, the glenohumeral joint region, and the lateral cuff insertion. His active range of motion of the right shoulder revealed external rotation at 0 degrees of abduction and 90 degrees of abduction; internal rotation (IC) degrees and 90 degrees of abduction; limited forward flexion 110 degrees; extension 45 degrees; and abduction 95 degrees. Hawkins test is positive, Neer's test is positive and Speed's test is positive. The assessment is right shoulder rotator cuff tear or labral tears with impingement that is worse and increased after a pulling event. He has been recommended for a MRI of the right shoulder and loratadine 10 mg prn insomnia. Prior utilization review dated 03/19/2014 states the request for MRI of the right shoulder is denied as it is not indicated; and 1 prescription of Loratadine 10 mg # 30 is denied as it is not indicated.

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): 208-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic Treatment Considerations Page(s): 207-209.

Decision rationale: This individual was injured in 2005. The records indicate that he may have injured the right shoulder at the time of the original fall, but there are numerous notes in the records that indicate that his complaints were mild in nature without significant impairment. Shoulder films of 2007 were described as normal. Notes from 2008-2013 describe no complaints involving the shoulder. The only note relating to the shoulder dates from 2014 (prompting this request. The medical necessity and the work-relatedness of the patient's present condition are not established. The MTUS guidelines indicate that imaging can be considered for symptoms of one month or greater and that examination and clinical correlates are necessary. The medical records indicate pain in virtually all areas of the shoulder- the biceps tendon, the rotator cuff, and the labrum. The range of motion description on AROM testing is confusing as the patient is described as having no external rotation and restricted abduction. These findings are much more likely to be the result of a capsulitis and not related to cuff pathology. There is no documentation that films were taken in this case. Aside from the MTUS guidelines, and the lack of any causal link between the original injury of 2005 and the present complaints, the clinical documentation as stated above would suggest that an MRI would little more than a wild goose chase. If the requesting physician were to consider the diagnostic options as mentioned above, and in plain radiographs of the shoulder were requested, these would be considered as medically indicated so as to determine if the patient's present complaints do or do not relate to any injury in 2005.

1 prescription of Loratadine 10 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; University of Michigan Health System. Allergic rhinitis. Ann Arbor (MI): University of Michigan Health System (UMHS); 2013 Oct. 17 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/claritin-drug.htm>.

Decision rationale: This patient does not have a work related allergy, or injury that would produce any allergic response to any environmental exposure. There is no medical justification for this medication based on the documentation and the package insert for this antihistamine medication.