

Case Number:	CM14-0081683		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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 patient is a 40-year-old male who has submitted a claim for sprains and strains of shoulder and upper arm associated with an industrial injury date of November 13, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of frequent back and shoulder pain which he rated at 5/10 on pain rating scale. Pain was described as cramping, swelling and stiffness. At the time of the request, the patient has not worked since November 2013. Examination demonstrated tenderness along the right trapezius, decreased right shoulder range of motion with flexion 140/180, extension 30/50, abduction 140/180, adduction 40/50, internal rotation 70/90 and external rotation 70/90. On the right forearm, there was a well-healed scar and decreased range of motion. Treatment to date has included surgery in the forearm, medications, acupuncture, and physical therapy (electrical stimulation, neuromuscular reeducation, myofascial release/soft tissue therapy, ice compression therapy, biofeedback and joint mobilization therapy) that the patient had attended since December 2013 until the request date. Utilization review from May 6, 2014 denied the request for MRI of right shoulder because the records did not show significant objective functional deficits and advanced imaging studies necessitate prior completion of conservative treatment for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 207, 208.
Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Shoulder, MRI.

Decision rationale: According to pages 208 and 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, the criteria for MRI include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, objective findings did not provide evidence of red flag conditions. The functional outcome of physical therapy, the contemplated invasive procedure, and the suspected pathology likely to be demonstrated on MRI were not documented. Moreover, at the time of the request, conservative therapy in the form of acupuncture, chiropractic treatment and physical therapy were also still requested suggesting that the trial of conservative measures to avoid surgery is still not completed. The patient did not meet criteria for MRI based on the available medical records. Therefore, the request for right shoulder MRI is not medically necessary.