

Case Number:	CM13-0039736		
Date Assigned:	12/20/2013	Date of Injury:	11/22/2009
Decision Date:	04/01/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female, who sustained an industrial injury on 11/22/09. She has reported pain in the left shoulder, neck and upper extremity. The diagnoses have included status post left shoulder arthroscopy, bilateral shoulder impingement and cervical radiculopathy. Treatment to date has included physical therapy, left shoulder surgery and oral medications. As of the PR2 dated 4/19/13, the injured worker reports pain in the neck and upper extremities that radiates to the left hand. The treating physician requested an MRI of the right shoulder. On 9/27/13 Utilization Review non-certified a request for an MRI of the right shoulder. The utilization review physician cited the MTUS guidelines. On 10/8/13, the injured worker submitted an application for IMR for review of an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ON THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208.

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

Decision rationale: Per ACOEM, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. For patients with limitations of activity after four weeks and unexplained physical findings such as effusions or localized pain especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me do not show that she has any red flags or that she has received appropriate conservative care to her right shoulder and therefore based on the guidelines the request for MRI of the right shoulder is not medically necessary.