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| Case Number: | CM14-0114422 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 09/10/2005 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Emergency 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 injured worker is a 42 year-old female, who sustained an injury on September 10, 2005. The mechanism of injury is not noted. Diagnostics have included: August 5, 2009 right shoulder MRI reported as showing partial thickness rotator cuff tear. Treatments have included: medications, physical therapy, and acupuncture. The current diagnoses are: carpal tunnel syndrome, shoulder impingement, cervical disc extrusion, and rheumatoid arthritis. The stated purpose of the request for MRI of the right shoulder was not noted. The request for MRI of the right shoulder was denied on June 16, 2014, citing a lack of documentation of acute clinical changes. Per the report dated June 9, 2014, the treating physician noted complaints of right shoulder pain. Exam findings included flexion 30 degrees, abduction zero degrees. Per the August 26, 2014 report, the treating physician noted complaints of frozen right shoulder. Exam findings included zero abduction.

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): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder (acute and chronic)

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

Decision rationale: The requested MRI of the right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page(s) 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has right shoulder pain. The treating physician has documented zero abduction. The treating physician has not documented impingement signs on exam, recent physical therapy trials nor acute clinical change since a previous MRI. The criteria noted above not having been met, MRI of the right shoulder is not medically necessary.