

Case Number:	CM14-0181168		
Date Assigned:	11/05/2014	Date of Injury:	06/26/2014
Decision Date:	02/27/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female sustained work related industrial injuries on June 26, 2014. The mechanism of injury involved the injured worker opening a steel door. The injured worker reported a sudden onset of pain in her shoulder radiating to her sternum, after her right arm was pushed backwards while holding the doorknob handle at the same time an individual was opening the door. The injured worker subsequently complained of right shoulder and clavicle pain. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, consultations and periodic follow up visits. On September 2, 2014, x-ray of the shoulder revealed an essentially normal right shoulder with no acute fractures or dislocations. Provider documentation noted that the MRI of the shoulder revealed some increased signal at the superior labrum indicating a possible SLAP tear with no evidence of rotator cuff tear. Per treating provider report dated September 26, 2014, physical exam revealed continued swelling at the sternoclavicular joint with tenderness at the distal clavicle. There was active assisted forward elevation to 150 degrees noted on exam. The injured worker was noted to have 5/5 rotator cuff strength and full range of motion in the elbow, wrist and hand. As of September 26, 2014, the injured worker remains off work. The treating physician prescribed services for MRI of the sternoclavicular joint now under review. On October 15, 2014, the Utilization Review (UR) evaluated the prescription for MRI of the sternoclavicular joint requested on October 8, 2014. Upon review of the clinical information, UR non-certified the request for MRI of the sternoclavicular joint based on the ACOEM Guidelines. The rationale for UR determination was not provided. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the sternoclavicular joint: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Martetschlger, Warth RJ, Millett PJ. Instability and degenerative arthritis of the sternoclavicular joint: a current concepts review. Am J Sports Med. 2014 Apr;42(4):999-1007. doi: 10.1177/0363546513498990. Epub 2013 Aug 16.

Decision rationale: The MTUS does not address imaging of the sternoclavicular joint. Pain in the sternoclavicular joint following trauma can lead to joint instability, osteoarthritis, or occult intra-joint fracture. Treatment might include continuation of physical therapy and oral NSAIDs, however, there is a chance that a procedure such as injection of cortisone or possibly surgery, depending on the results of the imaging. MRI or CT scan are able to visualize the area with some clarity in order to make a diagnosis. In the case of this worker, there was persistent sternoclavicular pain regardless of physical therapy and medications. In the opinion of this reviewer, MRI imaging would be reasonable and appropriate in order to help decide how to proceed with treatment of this area specifically. The request for MRI of the sternoclavicular joint is medically necessary.