

Case Number:	CM14-0188773		
Date Assigned:	11/19/2014	Date of Injury:	04/04/2014
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 injured worker sustained a work related injury on April 4, 2014, while working in a restaurant as a server, with right shoulder pain reported. The initial physician's report dated April 17, 2014, noted the injured worker with sharp, burning right shoulder pain, non-radiating. The right shoulder examination was noted to show decreased motor strength due to pain and tenderness to palpation of the right AC joint, with the diagnosis of right shoulder joint pain. The injured worker's conservative treatments were noted to include oral and topical medications, heat and cold therapy, Epsom salt baths, physical therapy, and a home exercise program. The Physician noted a shoulder x-ray as normal; however the x-ray report was not included in the provided documentation. The Primary Treating Physician's report dated August 19, 2014, noted the injured worker had returned to full duty, reporting that ten sessions of physical therapy had not been significantly helpful. The Physician noted the injured worker's diagnoses as right shoulder joint pain and impingement syndrome of right shoulder, and administered a Cortisone injection to the right shoulder. The Physician noted a request for authorization for a right shoulder MRI was pending from a prior visit. A MRI of the right shoulder dated October 2, 2014, noted lateral outlet stenosis impingement related tendinosis, and inflamed hypertrophic AC joint arthrosis with bursitis, and an interstitial tear. On October 23, 2014, Utilization Review evaluated the request for a MRI of the right shoulder citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Chapter 9, and the Official Disability Guidelines Treatment in Workers' Compensation, Online Edition. The UR Physician noted the injured worker without documentation of right shoulder trauma or objective findings suggestive of significant pathology, able to work full duty. The UR Physician noted the overall clinical presentation did not warrant a MRI of the right shoulder therefore the medical necessity of the

right shoulder MRI was not substantiated and the request was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: This 46 year-old waitress sustained a right shoulder injury on 4/4/14. Conservative care has included medications, therapy, cortisone injection, home exercise and modified activities/rest. Undated right shoulder x-rays were negative. Diagnoses include right shoulder joint pain and right shoulder impingement syndrome. Report from the provider noted the patient with chronic ongoing right shoulder pain rated at 5/10 with symptoms stable and unchanged from previous visit. Exam showed tenderness over lateral tip, anterior posterior aspects of shoulder; limited range with flex/abd /ext / add/ IR/ ER of 170/170/10/25/20/ 80 degrees; positive impingement sign; and normal motor strength. There is a right shoulder MRI dated 10/2/14 showed lateral outlet stenosis; impingement-related tendinosis; and peritendinitis of the supra and infraspinatus tendons; and 9mm rim-rent tear of the anterodistal supraspinatus tendon without retraction of tendon fibers. The MRI of the right shoulder was retrospective non-certified on 10/23/14. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Criteria for ordering imaging studies such 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; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of submitted medical reports has adequately demonstrated the indication for the MRI as the patient has positive clinical findings with failed conservative care of therapy, medication, and home exercise with continued chronic symptoms not improved post cortisone injection. The MRI Right Shoulder is medically necessary and appropriate.