

Case Number:	CM14-0189448		
Date Assigned:	11/20/2014	Date of Injury:	12/04/2013
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 43-year-old female who has submitted a claim for right shoulder tenosynovitis/bursitis associated with an industrial injury date of December 4, 2013. Medical records from 2014 were reviewed. The injured worker complained of sharp aching pain at the right shoulder radiating to the right hand. She likewise experienced instability and weakness, as well as clicking and grinding sensations. She denied numbness and tingling sensation. This resulted to difficulty in overhead reaching, pushing, pulling, lifting, and carrying objects greater than 3 to 5 pounds. Physical examination of the right shoulder showed muscle spasm, tenderness, positive impingement sign, painful and limited range of motion, and positive Hawkins sign. Motor testing and sensory exam were unremarkable. Of note, the magnetic resonance imaging (MRI) of the right shoulder was already accomplished on October 24, 2014 demonstrating supraspinatus and infraspinatus tendinosis. Treatment to date has included physical therapy and medications. The utilization review from October 22, 2014 denied the request for an MRI of the right shoulder because there was no surgical plan for the injured worker. Moreover, the injured worker cited that prior conservative therapy was beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, the patient complained of sharp aching pain at the right shoulder radiating to the right hand. She likewise experienced instability and weakness, as well as clicking and grinding sensations. This resulted to difficulty in overhead reaching, pushing, pulling, lifting, and carrying objects greater than 3 to 5 pounds. Physical examination of the right shoulder showed muscle spasm, tenderness, positive impingement sign, painful and limited range of motion, and positive Hawkins sign. Motor testing and sensory exam were unremarkable. Her symptoms persisted despite physical therapy and medications hence the request for MRI. It is a reasonable diagnostic option given her clinical manifestations of impingement syndrome. Of note, the MRI of the right shoulder was already accomplished on October 24, 2014 demonstrating supraspinatus and infraspinatus tendinosis. Therefore, the request for Magnetic Resonance Imaging (MRI) Right Shoulder is medically necessary.