

Case Number:	CM14-0196789		
Date Assigned:	12/04/2014	Date of Injury:	10/02/2014
Decision Date:	01/22/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 35-year-old gentleman with a date of injury of 10/02/2014. A physical therapy note dated 10/16/2014 identified the mechanism of injury as lifting a heavy object when the worker felt right shoulder and knee pain. This note and a treating physician note dated 11/14/2014 indicated the worker was experiencing right shoulder and knee pain. Documented examinations described shoulder tenderness and decreased joint motion, positive Neer and drop arm testing, right knee tenderness, and Thessaly testing was moderately positive. The submitted and reviewed documentation concluded the worker was suffering from knee sprain, shoulder sprain, and shoulder pain. Treatment recommendations included oral pain medications, orthopedic specialist consultation, and MRI imaging of the right shoulder. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for MRI imaging 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 of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for Imaging, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI imaging when there are signs and symptoms of rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor or an infection involving the shoulder, or when surgery is being considered for a specific anatomic shoulder problem. The submitted and reviewed documentation concluded the worker was suffering from knee sprain, shoulder sprain, and shoulder pain. The worker had documented signs of a possible rotator cuff injury that continued after treatment with medications and physical therapy. In light of this supportive evidence, the current request for MRI imaging of the right shoulder is medically necessary.