

Case Number:	CM14-0199810		
Date Assigned:	12/10/2014	Date of Injury:	09/16/2014
Decision Date:	01/23/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in New Jersey. 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:

This is a 61 year old female who sustained a work related injury on June 16, 2014. The injury occurred because of cumulative trauma. A progress report dated September 25, 2014 reports that the injured worker noted entire right shoulder pain which radiated down the right side of the back and down the right posterior leg. Symptoms were worse at night with rest. Initial treatment included Naprosyn and a work status of temporarily totally disabled. The injured worker received a Cortisone injection, date unspecified, with significant improvement in symptoms. Her neck, shoulder and arm pains showed eighty percent improvement. Work status was advanced to modified, with restrictions. A progress note dated October 14, 2014 notes that the injured worker underwent a musculoskeletal (MSK) ultrasound which revealed a small intrasubstance tear to the supraspinatus tendon and tender synovial swelling to the acromioclavicular joint, but no significant tears to the rotator cuff. Most current documentation dated November 6, 2014 notes that the injured worker reported anterior and lateral right shoulder pain, with radiation to the mid upper arm. She was tolerating a modified work schedule and taking non-steroidal anti-inflammatory drugs. Physical examination of the right shoulder was noted to be slightly improved. Range of motion was decreased due to the pain. A Dropping Test and Cross-Arm test were negative. Apprehension Sign was positive. Diagnoses include pain right upper extremity and a sprain/strain of the shoulder and upper arm. The injured worker reported that her right shoulder pain was slowly improving but that activities of daily living and light duties were causing pain aggravation. The treating physician requested an MRI of the right shoulder without contrast due to poor progress with conservative management. Utilization Review evaluated and denied the request for the MRI of the right shoulder on November 15, 2014. Utilization Review denied the request due to the injured worker had not yet participated in an initial clinical trial of physical therapy. The injured worker had not been able to demonstrate

failure to progress in a strengthening program, with the intent to avoid surgery. MTUS, ACOEM Guidelines, Chapter 9, Shoulder Complaints were referenced.

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.

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

Decision rationale: The request for an MRI shoulder is not medically necessary. As per MTUS guidelines, more specialized imaging studies are not recommended unless there are red flags, evidence of tissue insult or neurovascular dysfunction, classification of anatomy prior to invasive procedure, or failure to progress in a strengthening program. The patient was authorized for physical therapy in 11/2014 but there are no notes included that state the patient had started physical therapy and was kind of progress and improvement in pain and function she was having. Without this information, the request for a shoulder MRI is considered not medically necessary at this time.