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| Case Number: | CM15-0009422 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 07/19/2011 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 07/19/2011 due to an unspecified mechanism of injury. On 12/15/2014, she presented for a followup evaluation. She was noted to be taking naproxen twice a day with food and Prilosec without any reflux or heartburn. She also stated that Tylenol could relieve her pain from a 7/10 to a 5/10 for only 30 minutes to an hour at a time and caused dizziness. A physical examination of her right shoulder showed 170 degrees of abduction with a positive right Kennedy Hawkins test. She had 4/5 breakaway weakness of right shoulder abduction ER and IR. She was diagnosed with a cervical sprain versus radiculopathy, and rule out shoulder rotator cuff or labral tear. The treatment plan was for an MRI with intra-articular injection of contrast for the right shoulder to assess for a rotator cuff injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Intra-Articular Injection of Contrast for The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: According to the California MTUS/ACOEM Guidelines, primary criteria for ordering imaging studies includes emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right shoulder. However, there is a lack of documentation to support the requested MRI. There is a lack of evidence showing that she has tried and failed recommended conservative therapy to support the request. In the absence of this information, the request would not be supported. As such, the request is not medically necessary.