

Case Number:	CM15-0101523		
Date Assigned:	06/04/2015	Date of Injury:	04/12/2014
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year-old male with an industrial injury dated 04/12/2014. The mechanism of injury is documented as experiencing pain after lifting a pump. The pain was located in the thoracic spine, chest wall, lumbar spine, right trapezius pain and right thigh strain. Initially he was placed on modified duty and anti-inflammatory medications. He experienced a second injury in May of 2014 injuring his right shoulder. His diagnoses included internal derangement of right shoulder, status post arthroscopic shoulder surgery with limited range of motion and lumbar disc herniation with right probable lumbar 5 radiculitis. Prior treatments included anti-inflammatory medications, physical therapy, chiropractic treatment, MRI dated 07/17/2014 (area of tearing of the supraspinatus tendon- per provider), arthroscopic rotator cuff repair, and epidural steroid injection. Co morbid diagnosis was hypertension. Physical exam noted decreased range of motion with positive impingement signs of the right shoulder. There was myofascial spasm around the cervical spine. Lumbar spine range of motion was limited. Treatment plan included repeat MRI of right shoulder and second opinion (orthopedic surgical consultation). A trial of Ultracet was recommended. The treatment request is for right shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, under MRI.

Decision rationale: This claimant was injured now over a year ago, lifting a pump and having thoracic spine, chest wall, lumbar, right trapezius and right thigh pain. He then reinjured the shoulder in May. He had arthroscopic surgery. There are positive impingement signs in the right shoulder. There is continued poor shoulder range of motion. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. In this case, there have been recalcitrant shoulder symptoms despite surgery and conservative care; this alone is sufficient to suspect continued internal orthopedic impairment. Although the internal damage may be due to an interim injury, this review only addresses clinical appropriateness of care. It is reasonable to do an MRI in a post surgical case with recalcitrant pain and dysfunction. The request is medically necessary.