

Case Number:	CM15-0104024		
Date Assigned:	06/08/2015	Date of Injury:	02/20/2013
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 02/20/2013. She has reported subsequent low back, neck and shoulder pain and was diagnosed with degeneration of intervertebral disc, lumbago, myalgia and myositis and chronic pain syndrome. Treatment to date has included oral pain medication. The only medical documentation submitted consists of a progress note dated 12/04/2014 and MRI results of the cervical spine dated 04/01/2015. In a progress note dated 12/04/2014, the injured worker complained of pain from the neck into the trapezius and upper muscles of the right shoulder that began a few days ago after turning her head. Objective findings were notable for tenderness to palpation of the neck on the right side, increased pain with flexion and lateral flexion to the left and tenderness and trigger points along the rotator cuff muscles, rhomboid and levator scapular on the right. A request for authorization of MRI of the right shoulder was submitted. There was no medical documentation submitted that pertains to the current treatment request.

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): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. Therefore the request is not medically necessary.