

Case Number:	CM15-0134564		
Date Assigned:	07/23/2015	Date of Injury:	07/17/2014
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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 39-year-old male, who sustained an industrial injury on 7/17/14. He has reported initial complaints of right elbow pain and right shoulder pain after hanging on with right arm to support him from falling off a ladder. The diagnoses have included right shoulder strain, right shoulder impingement, right acromioclavicular joint grade 1 separation, right arm pain, right distal biceps tendon tear and numbness of the skin. Treatment to date has included medications, activity modifications, diagnostics, surgery, sling, and physical therapy. Currently, as per the physician progress note Agreed Medical Legal Evaluation dated 3/19/15, the injured worker complains of constant pain in the right elbow that radiates to the shoulder and forearm. There is also numbness in the thumb, index and middle fingers. The diagnostic testing that was performed included x-rays of the right shoulder, which were not noted in the records. The current medications included Ibuprofen. The physical exam reveals that grip strength is less on the right than the left side. There is right side shoulder pain, there is weakness in the right shoulder in all 6 directions, there is positive Neer's and Hawkins signs right shoulder, there is pain and tenderness in the subacromial region and there are signs of an acromioclavicular joint tear. There is decreased range of motion in the right shoulder with pain and weakness in the right elbow. The physician requested treatment included a Magnetic Resonance Imaging (MRI) of right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints 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). A review of the provided clinical documentation shows that the patient meets these criteria and the request is thus medically necessary.