

Case Number:	CM15-0141079		
Date Assigned:	07/30/2015	Date of Injury:	10/02/2013
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/20/2015

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 43 year old male who sustained an industrial injury on 10-2-2013. He developed pain in the right hand associated with sweeping, mopping, wiping tables, gripping and dumping trash. He has reported pain in the right shoulder, elbow, forearm, and wrist and has been diagnosed with aftercare for musculoskeletal system surgery, calcific tendinitis of right shoulder, and right carpal tunnel syndrome, and right wrist sprain. Treatment has included medical imaging, injection, medications, modified work duty, physical therapy, ice, home exercise program, and surgery. The right shoulder had a healed surgical incision. There was tenderness over the anterior shoulder. Range of motion was limited by pain. There was a positive Hawkins, Neer, and impingement test. Range of motion to the right elbow was full with minimal tenderness over the lateral epicondyle. There was pain with active elbow flexion and extension. The right wrist had a healed surgical incision. Range of motion was full. Right hand was tender, FROM in all joints of right hand. The treatment plan included medications, physical therapy, and MRI of the right shoulder. The treatment request included an open MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI (Magnetic Resonance Imaging) of the right shoulder, per 06/01/15 order, quantity: 1: 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 Reynaud'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.