

Case Number:	CM15-0146320		
Date Assigned:	08/10/2015	Date of Injury:	04/21/2015
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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 22 year old male, who sustained an industrial injury on 4-21-15. He reported injury to his right upper extremity. The injured worker was diagnosed as having shoulder and upper arm strain, forearm strain and wrist strain. Treatment to date has included modified duty, physical therapy, Meloxicam and Orphenadrine. On 5-4-15 the injured worker rated his pain a 5-6 out of 10 in his forearms. As of the PR2 dated 7-7-15, the injured worker reports no acute events. The treating physician noted grip strength 4 out of 5 on the right, right shoulder abduction within normal limits and sensation to soft touch intact. The treating physician requested a right shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This claimant was injured in April 2015 with a right shoulder and upper arm strain, forearm strain and wrist strain. Treatment to date has included modified duty, physical therapy, Meloxicam and Orphenadrine. As of May 2015, the injured worker rated his pain a 5-6 out of 10 in his forearms. As of the PR2 dated 7-7-15, the injured worker reports no acute events. The treating physician noted grip strength 4 out of 5 on the right, right shoulder abduction within normal limits and sensation to soft touch intact. 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. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.