

Case Number:	CM15-0169039		
Date Assigned:	09/09/2015	Date of Injury:	09/28/2014
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 9-28-2014. Diagnoses include spinal stenosis. Treatment to date has included surgical intervention of the lumbar spine (2014), as well as conservative measures including postoperative physical therapy and medications for the low back. She has not had any treatment for the right shoulder. Per the Initial Orthopedic Spine Consultation dated 7-15-2015, the injured worker presented for evaluation of complaints in her upper back, right shoulder and lower back. She reported pain in the shoulder blades on both sides that radiates down the right arm with associated numbness and tingling to her hand. Objective findings of the right shoulder included very limited range of motion in all planes due to pain. She was very tender to palpation in the right acromioclavicular joint. The plan of care included diagnostic imaging. Work status was modified. Authorization was requested on 7-25-2015, for x-rays of the cervical spine and magnetic resonance imaging (MRI) of the right shoulder and cervical spine. On 7-31-2015, Utilization Review non-certified the request for MRI right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for upper and lower back pain and right shoulder pain. She underwent a lumbar microdiscectomy in November 2014. As of 03/27/15 she had completed 10 physical therapy treatment for lumbago. She was seen for an initial evaluation by the requesting provider on 07/15/15. She had completed 12 physical therapy treatments. An MRI of the shoulder is referenced. Physical examination findings included lower cervical and right greater than left shoulder blade tenderness. There was decreased and painful right deltoid strength. There was decreased lumbar range of motion. There was decreased and painful right shoulder range of motion with right acromioclavicular joint tenderness. Recommendations included MRI scans of the cervical spine and shoulder. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, there are no reported pain film results and no documentation of prior conservative treatments for the shoulder. There is no new injury to the right shoulder and there are no physical examination findings of either right shoulder instability or a labral tear. If the claimant has already had an MRI of the shoulder, there would be no need for repeat testing. The requested MRI of the right shoulder is not medically necessary.