MAXIMUS Federal Services

Case Number:	CM15-0193577		
Date Assigned:	10/12/2015	Date of Injury:	03/25/2015
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 46-year-old female, with a reported date of injury of 03-25-2015. The diagnoses include right shoulder strain and sprain, and right shoulder impingement syndrome with calcific tendinitis. Treatments and evaluation to date have included physical therapy, Naproxen, Norco, Ibuprofen, Tramadol, and Etodolac. The diagnostic studies to date have included a computerized range of motion and muscle test on 07-17-2015 which showed right upper extremity combined whole person impairment was 17%; and a urine drug test on 07-15-2015 with consistent findings. According to the medical report dated 07-17-2015, the injured worker underwent an x-ray of the right shoulder on 07-17-2015 which showed a maintained alignment; no evidence of fracture, dislocation, or osseous destruction; and calcific tendinitis of the rotator cuff. The right shoulder evaluation report dated 07-30-2015 indicates that the injured worker complained of right shoulder pain with radiation of pain to the right elbow and forearm, and hand. She described the pain as burning at the elbow to the forearm. The current pain was rated 8 out of 10; 8 out of 10 at its best; and 9 out of 10 at its worst. The objective findings included severe pain to palpation of the entire right upper extremity from the shoulder to the elbow; inability to perform functional range of motion; and decreased active range of motion of the right shoulder with severe pain with all movements. The progress report dated 08-25-2015 indicates that the injured worker complained of right shoulder pain, associated with a pop, click, and poor mobility. The injured worker rated the pain 7 out of 10. The treating physician indicates that the injured worker has had 17 physical therapy sessions with mild relief. It was noted that there was mild improvement in function and no change in the physical examination

since the last examination. The physical examination showed mild distress; and guarding of the right upper extremity. The injured worker's work status was noted as temporarily total disability for six weeks. The request for authorization was dated 08-27-2015. The treating physician requested an open MRI of the right shoulder. On 09-02-2015, Utilization Review (UR) non-certified the request for 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 of the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. The requesting provider does not document reasoning to support a request for MRI outside these guideline recommendations; therefore, the request for open MRI of the right shoulder is not medically necessary.