

Case Number:	CM15-0194459		
Date Assigned:	10/08/2015	Date of Injury:	04/17/2015
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Physical Medicine & Rehabilitation

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 34 year old female, who sustained an industrial injury on 4-17-15. She reported right hand pain and numbness. The injured worker was diagnosed as having right shoulder sprain with right upper extremity weakness. Treatment to date has included at least 8 physical therapy visits and medication including Motrin. Physical examination findings on 7-15-15 included decreased right shoulder range of motion and decreased strength. On 7-15-15, the injured worker complained of pain in the right wrist, elbow and shoulder rated as 6-7 of 10. Right grip weakness and right forearm numbness were also noted. On 8-27-15 the treating physician requested authorization for a MRI of the right shoulder. On 9-3-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging.

Decision rationale: The current request is for an MRI of the right shoulder. The RFA is dated 08/27/15. Treatment to date has included at least 8 physical therapy visits, acupuncture, cortisone injection to the shoulder, modified duty, and medications. The patient may return to work full-time with restrictions. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 208: routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: Indications for imaging: Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear. Per report 08/25/15, the patient presents with a right shoulder sprain with right upper extremity weakness. Physical examination findings \included decreased right shoulder range of motion and decreased strength. Right grip weakness and right forearm numbness were also noted. Hawkin's and Neer's test are both positive on the right. The treater recommends a MRI of the right shoulder to rule out a rotator cuff tear versus an ID. The patient has not had an MRI of the shoulder in the past. In this case, the treater has suspicion of a rotator cuff tear, and the patient has failed conservative treatments. The requested MRI at this juncture is reasonable. Therefore, the request is medically necessary.