

Case Number:	CM15-0194870		
Date Assigned:	10/08/2015	Date of Injury:	10/27/2013
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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 31 year old female who sustained an industrial injury on 10-27-2013. According to a visit note dated 08-06-2015, the provider noted that the injured worker had been symptomatic for almost 2 years. Electromyography results were reviewed. The provider noted that the injured worker did have carpal tunnel pathology and that this was a common presentation during pregnancy. She still had shoulder and periscapular symptoms. Therapy had not helped much. Massage treatment decreased muscle spasms in the right shoulder blade area. She had not had an MRI of the cervical and thoracic spine or the shoulder. Medications had been some helpful. The provider ordered an MRI of the right shoulder. Physical examination only included vital signs, height, and weight and body mass index. Diagnoses included thoracic sprain, cervical spondylosis, cervicgia, neck sprain and rotator cuff disorders not elsewhere classified. According to an electrodiagnostic testing report dated 07-27-2015, clinical examination demonstrated negative Spurlings. There was some diffuse myofascial tenderness in the shoulder girdle musculature on the right side somewhat localizing to the rhomboid muscle on the right. She did have somewhat forward leaning and round shoulder posture. There was a little loss of range of motion of the right shoulder actively. She "did not really have a classic impingement sign", but did have some clicking and popping sensation possibly localized in to the AC joint. Distal motor strength seemed intact. There was no thenar atrophy. She had a positive Tinel's sign of the carpal tunnel, but sensory testing was intact grossly to light touch. An authorization request dated 08-07-2015 was submitted for review. The requested services

included MRI of the right shoulder. On 09-16-2015, Utilization Review non-certified the request for 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:

MRI of the right shoulder: Upheld

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

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

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 Raynaud'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. There are no new physiologic or neurologic deficits and no red flags on exam. There is no planned invasive procedure mentioned. Therefore the request is not medically necessary.