

Case Number:	CM15-0198278		
Date Assigned:	10/13/2015	Date of Injury:	03/19/2015
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 37 year old female who sustained an industrial injury on 03-19-2015. A review of the medical records indicated that the injured worker is undergoing treatment for right shoulder sprain and strain, right elbow sprain and strain, right elbow extensor tendinitis-lateral epicondylitis and right wrist sprain and strain and extensor tendinitis. According to the treating physician's progress report on 08-19-2015, the injured worker continues to experience right wrist, elbow and shoulder pain rated at an average of 5 out of 10 on the pain scale. At the office visit, the injured worker rated her pain at 8 out of 10. Pain decreases to 3 out of 10 with medications with approximately 8 hours of relief. Examination demonstrated decreased painful range of motion of the right shoulder and elbow. Prior treatments have included physical therapy (6 sessions), activity modification, elbow support and medications. Current medications were listed as Relafen and Zanaflex. Treatment plan consists of prescriptions for Pamelor and Naprosyn, modified and restricted activities and duties and the current request for a right shoulder magnetic resonance imaging (MRI). On 09-14-2015, the Utilization Review determined the request for right shoulder magnetic resonance imaging (MRI) was not medically necessary.

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: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter MRI.

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

Decision rationale: Per the MTUS guidelines with regards to shoulder complaints, for most patients with shoulder problems, special studies are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The MTUS guidelines state that imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, the medical records do not establish red flags or failure of conservative care to support the request for advanced imaging studies. The request for MRI of the right shoulder is not medically necessary and appropriate.