

Case Number:	CM15-0207902		
Date Assigned:	10/26/2015	Date of Injury:	08/26/2015
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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 46 year old male, who sustained an industrial injury on 8-26-15. Medical records indicate that the injured worker is undergoing treatment for a contusion of the chest wall, right shoulder sprain-strain and pain in the limb and hand. The injured worker is currently working with modified duties. On (9-11-15) the injured workers condition was noted to be improving, but slower than expected. The injured worker reported intermittent mild chest wall pain. The pain was rated 2 out of 10 on the visual analog scale. Objective findings noted minimal chest wall tenderness anteriorly. A progress report dated 8-27-15 noted that the injured workers chest wall pain was exacerbated by the use of the right upper extremity. The pain was rated 5 out of 10 on the visual analog scale. Treatment and evaluation to date has included medications, x-rays and physical therapy. Current medications include Acetaminophen, Nabumetone and cyclobenzaprine. The Request for Authorization dated 9-18-15 included a request for an MRI arthrogram of the right shoulder. The Utilization Review documentation dated 9-25-15 non- certified the request for an MRI arthrogram 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 arthrogram of the right shoulder: 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), MR arthrogram.

Decision rationale: The claimant sustained a work injury on 08/26/15 when he was run over by a motorcycle while working as machine operator. He sustained injuries to the upper back, right chest, left hand, and right shoulder. An x-ray of the right shoulder on the date of injury was negative. He was seen for an initial evaluation by the requesting provider on 09/11/15. He had been treated with anti-inflammatory medication and released to unrestricted work but had been unable to perform his job without significant pain. Physical examination findings included right parascapular tenderness with positive impingement testing. There was decreased shoulder abduction strength. Range of motion was normal. Apprehension testing, cross over testing, and acromioclavicular joint compression tests were negative. He was referred for physical therapy. Diclofenac XR and omeprazole were prescribed. Authorization for an MR arthrogram of the right shoulder was requested. Magnetic resonance imaging and arthrography of the shoulder have fairly similar diagnostic and therapeutic impact and comparable accuracy. An MR arthrogram of the shoulder is recommended as an option to detect labral tears, and for suspected re-tear after rotator cuff repair. In this case, there are no physical examination findings suggestive of labral pathology and the claimant has not undergone shoulder surgery. He has a clinical diagnosis of rotator cuff impingement and was referred for physical therapy. When requested, his injury had occurred only two weeks before and conservative treatments likely to be effective was also requested. An MR arthrogram was not medically necessary.