

Case Number:	CM15-0020887		
Date Assigned:	02/10/2015	Date of Injury:	05/20/2008
Decision Date:	05/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: Arizona, 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 50 year old male who sustained an industrial injury on 5/20/08. The diagnoses have included other specified disorders of bursae and tendons in shoulder region, Lateral epicondylitis, pain in joint shoulder region, and Pain in joint, upper arm. Treatment to date has included medication, diagnostics, activity modification and physical therapy with some benefit. The diagnostic testing that was performed included x-ray of the right shoulder and humerus. Currently, as per the physician progress note dated 12/4/14, the injured worker complains of persistent pain in the right shoulder and right elbow with stiffness and weakness. The pain was rated 6/10 on pain scale. The physician noted that the injured worker was denied for shoulder and left elbow treatment, as well as not received authorization regarding a physical therapy program. The x-rays that were taken of the right shoulder and right humerus revealed no increase of osteoarthritis. The ex-rays of the right elbow and right forearm revealed no increase of osteoarthritis. The physician requested treatment included Magnetic Resonance Imaging (MRI) of the right shoulder to ascertain the degree of injury.

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 ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. X-rays of the shoulder did not show gross abnormalities. The MRI request of the shoulder is not medically necessary.