

Case Number:	CM15-0028975		
Date Assigned:	02/20/2015	Date of Injury:	09/05/2013
Decision Date:	04/23/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on 09/05/2013. The diagnoses have included right shoulder tendinitis, rule out bilateral carpal tunnel syndrome, bilateral upper extremity overuse syndrome, and functional overlay. Noted treatments to date have included physical therapy, wrist splints, and medications. Diagnostics to date have included negative x-rays of the forearms and right shoulder in September 2013 per progress note. In a progress note dated 09/11/2014, the injured worker presented with complaints of pain and burning in both forearms in addition to the radial aspect of both wrists, right greater than left. The treating physician reported the injured worker also had complaints of aching in the right shoulder. Utilization Review determination on 01/30/2015 non-certified the request for MRI Right Shoulder citing Medical Treatment Utilization Schedule Guidelines.

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 ACOEM Chapter 9 Shoulder Complaints
Page(s): 213-214.

Decision rationale: Per ACOEM: Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. Selecting specific imaging equipment and procedures will depend on the availability and experience of local referrals. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms. Per review of the clinical documentation provided, the patient had ongoing symptoms of a chronic nature. The patient had MRI imaging of the shoulder in 2013 was unrevealing and the patient had persistent symptoms. Repeat imaging would not add much diagnostic value and would not be indicated.