

Case Number:	CM15-0223374		
Date Assigned:	11/19/2015	Date of Injury:	01/22/2014
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/13/2015

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 58 year old female who sustained an industrial injury January 22, 2014. Past treatment included physical therapy, medication, and cortisone injections to the left knee. Diagnoses are right shoulder impingement syndrome; right shoulder sprain, strain; rule out right carpal tunnel syndrome; lumbago; lumbar disc protrusion; lumbar stenosis; enthesopathy of knee. According to a primary treating physician's progress report dated September 16, 2015, the injured worker presented with complaints of intermittent moderate to sharp low back pain, rated 7 out of 10, right shoulder pain rated 10 out of 10 radiating to the fingers with numbness tingling weakness and spasms and constant severe left knee pain, rated 9 out of 10. She reports that medication provides relief and she performs home exercise. Objective findings included; 5'7.5 and 200 pounds; right shoulder flexion 90-180 degrees, extension 50-50 degrees, abduction 90-180 degrees, adduction 40-40 degrees, external rotation 0-90 degrees, and internal rotation 0-80 degrees. Treatment plan included pending physical therapy and electrodiagnostic studies, and orthopedic referral for evaluation of discs lumbar spine, and medication. The physician noted an MRI of the right shoulder dated August 14, 2015 (not present in the medical record); rotator cuff occult tears. At issue, is a request for authorization for an MRA of the right shoulder. According to utilization review dated November 3, 2015, the request for a Pain Management Specialist to evaluate lumbar spine is certified. The request for an MRA of the right shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRA of right shoulder: Upheld

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

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 in January 2014 when she fell while closing a large gate. As she fell she was still holding the gate with her right hand and she hit the ground with her right leg. She had mild relief with physical therapy. MRI scans of the cervical spine, right shoulder, hand, back, and right knee were obtained. She was seen by the requesting provider in July 2015. She was having intermittent neck pain radiating to the back and shoulders, intermittent low back pain, intermittent knee pain, and continuous bilateral shoulder and right hand pain. Physical examination findings included pain with right shoulder abduction and decreased range of motion. Apley's test was positive. MRI reports of the right shoulder and left knee were requested for review. In September 2015 she was having ongoing right shoulder, lumbar spine, and left knee pain. She had activity dependent right shoulder pain rated at 10/10. She was having radiating symptoms into her fingers with numbness, tingling, weakness, and muscle spasms. Physical examination findings of the shoulder were that of decreased range of motion. Requests included authorization for an MRA of the right shoulder to rule out rotator cuff injury. 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. She has already had an MRI of the shoulder and that result should be reviewed before consideration of any additional imaging. The only reported clinical finding is that of decreased shoulder range of motion without recorded findings that support a rotator cuff pathology. The requested MR arthrogram is not medically necessary.