MAXIMUS Federal Services

Case Number:	CM15-0054061		
Date Assigned:	03/30/2015	Date of Injury:	02/27/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male who sustained an industrial injury on 2/27/14. The mechanism of injury was not identified. Currently he is experiencing right shoulder pain and overcompensating with left upper extremity resulting in increased left shoulder pain. Medications are Norco, Naproxen. Diagnoses include full thickness suprasinatus tear, right shoulder; subacromial impingement, right shoulder; right shoulder arthroscopy (8/4); asymptomatic acromioclavicular arthritis, right shoulder. Treatments to date include physical therapy, transcutaneous electrical nerve stimulator unit, and chiropractic therapy. In the progress note dated 3/3/15 the treating provider's plan of care includes MRI bilateral shoulders and hold chiropractic therapy until MRI results are reviewed. The injured worker is experiencing increased left shoulder pain and has been unable to perform some exercises and chiropractic therapy is not helping.

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. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Shoulder Chapter, MRI.

Decision rationale: The patient presents with bilateral shoulder pain. The current request is for an MRI of the Right Shoulder. The treating physician states, "He reports increased left shoulder pain since last visit and states that he has been unable to perform some exercises with left hand at chiropracty. Chiropracty not beneficial and manipulation aggravates pain. Request MRI of bilateral shoulders. Per the patient, QME doctor recommended follow-up with the surgeon, but will request MRI of bilateral shoulders prior to requesting follow up. I suspect left shoulder pain may be due to tendonitis, but symptoms have worsened since last visit and may need evaluation by specialist as well." (B 85) The treating physician describes requesting bilateral MRI of the shoulders but the RFA and UMR are only for the Right Shoulder. The MTUS guidelines do not address MRI. The ODG guidelines state that for acute shoulder trauma an MRI is warranted for patients that are suspect for rotator cuff tear/impingement, over age 40 and normal plain radiographs. In this case, the patient is not suspected of tearing/impinging the rotator cuff as no documentation to that point is provided. There are no radiographic findings in the medical reports reviewed. The current request is not medically necessary and the recommendation is for denial.