

Case Number:	CM15-0055668		
Date Assigned:	03/30/2015	Date of Injury:	09/26/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 38 year old male sustained an industrial injury to the right shoulder on 9/26/14. Previous treatment included magnetic resonance imaging, right arthroscopy with decompression and labral repair (11/21/14), physical therapy and medications. In an initial worker's compensation evaluation dated 2/10/15, physical exam was remarkable for tenderness to palpation to the trapezius, proximal bicipital, posterior capsule and subacromioclavicular region with restricted range of motion, positive impingement test and motor strength 5/5. MRI of the right shoulder in 9/14 showed a labral tear. Current diagnoses included cervicalgia and shoulder adhesive capsulitis. The treatment plan included a referral for treatment of right shoulder arthrofibrosis residuals, referral to pain management, home heat and ice, topical analgesic ointment, home exercise, over the counter analgesics and anti-inflammatories, magnetic resonance imaging right shoulder and continuing medications including Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004) CA MTUS

ACOEM OMPG (Second Edition), Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: At issue in this review is the request for a consult with an orthopedic physician for treatment of right shoulder arthrofibrosis residuals. This injured worker is status post surgery for labral tear repair. There are no red flag symptoms or signs which would be indications for immediate referral. He has had numerous prior studies including and MRI. Surgery is reserved for cases failing conservative therapy for three months. Other modalities of conservative therapy could be trialed prior to surgical referral. In this injured worker, the medical records do not support the medical necessity of a consult for treatment of right shoulder arthrofibrosis residuals. The request is not medically necessary.

Pain management consult for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004) CA MTUS ACOEM OMPG (Second Edition), Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2014. The worker has been treated with multiple modalities of pain management including therapy, surgery, and medications. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and radiographic findings do not support this complexity. The medical necessity of a pain management consult is not substantiated in the records. The request is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the shoulder. The records document a physical exam with tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and with a prior MRI showing labral tear prior to surgery, a repeat MRI of the right shoulder is not medically indicated. The

medical necessity of a shoulder MRI is not substantiated in the records. The request is not medically necessary.