

Case Number:	CM15-0081790		
Date Assigned:	05/04/2015	Date of Injury:	06/26/2013
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female, who sustained an industrial injury on 6/26/2013. She reported a repetitive use injury. The injured worker was diagnosed as having right shoulder strain. X rays show no acute fracture or dislocation. Treatment to date has included physical therapy and medication management. In a progress note dated 3/17/2015, the injured worker notes improvement in overall pain but complains of continued pain in the right shoulder, rated 4- 5/10, that radiated down to the right hand. The treating physician is requesting right shoulder magnetic resonance imaging without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- MRI.

Decision rationale: MRI of the right shoulder without contrast is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The documentation indicates that the patient has a 3/2/15 physical therapy document that states that the patient has pain with numbness and tingling in her arm. The physician progress notes state that the patient has pain radiating down to her right hand. The documentation is not clear if all the patient's symptoms are purely from her shoulder rather than referred from the neck. Furthermore, the documentation does not reveal any red flag shoulder conditions or plan for surgery. There are no objective shoulder radiographs available for review. The request for a right shoulder MRI is not medically necessary.