

Case Number:	CM15-0082395		
Date Assigned:	05/04/2015	Date of Injury:	08/16/2013
Decision Date:	06/03/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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 72-year-old male, who sustained an industrial injury on 8/16/2013. He reported a trip and fall forward, hitting his shoulders. The injured worker was diagnosed as having unspecified derangement of joint, shoulder region. Treatment to date has included diagnostics, physical therapy, and medications. A progress report, dated 9/18/2014, noted frequent pain in both shoulders, rated 5/10, at which time magnetic resonance imaging of the right shoulder was requested. On 2/19/2015, the injured worker complained of constant right shoulder pain, aggravated by reaching, lifting, pushing, pulling, and working at or above shoulder level. Physical exam revealed no instability, positive Hawkin and impingement signs. Pain was rated 9/10. Medication use enabled him to continue working and maintain activities of daily living. The treatment plan included magnetic resonance imaging of the bilateral hands/wrists. Magnetic resonance imaging of the right shoulder was not yet completed.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS 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 (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); 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 submitted does not reveal a red flag condition or physical exam findings suggestive of significant change in patient's condition from prior records. The documentation is not clear on a rationale for the MRI and it is unclear how this will change the medical management of this patient. The request for an MRI of the right shoulder is not medically necessary.