

Case Number:	CM14-0115563		
Date Assigned:	08/04/2014	Date of Injury:	05/06/2014
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old female who sustained an injury to her right shoulder on 05/06/14 while performing her usual and customary duties as a massage therapist, she tripped over a sheet hanging from the massage table, falling backwards, injuring her right shoulder/rib, and ankle. The injured worker complained of constant right shoulder pain at 3-10/10 VAS (visual analog scale). Plain radiographs reportedly revealed no fractures. Treatment to date has included activity modifications, work restrictions, medications, and physical therapy. Clinical note dated 06/27/14 reported that the injured worker continued to complain of pain with shoulder abduction. Physical examination of the right shoulder noted active range of motion 145 degrees right, shoulder abduction 65 degrees. It was noted that these limitations created excessive stress/strain at her glenohumeral joint and associated pain with activities involving the use of her right arm. It was noted that the injured worker would benefit from additional skilled physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), online edition, Chapter: Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI)

Decision rationale: The request for MRI of the right shoulder is not medically necessary. Previous request was denied on the basis that guidelines indicate that special studies are not indicated unless after a period of conservative care and observation fails to improve symptoms. The injured worker is receiving physical therapy and she stated that the shoulder gets better if she avoids certain movements. Notably, she is not taking any medication for the pain. Moreover, there are no noted 'red flags' or suspicion of serious shoulder condition with referred pain. Furthermore, it is unclear if plain radiographs have been performed prior to this request. In consideration of the foregoing issues and the referenced evidence-based practice guidelines, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. Given this, the request for MRI of the right shoulder is not indicated as medically necessary.