MAXIMUS Federal Services

Case Number:	CM14-0172433		
Date Assigned:	10/23/2014	Date of Injury:	09/26/2013
Decision Date:	12/08/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 43-year-old male with a 9/26/13 date of injury, when he sustained an injury to the right shoulder while pulling heavy fuel hose. The patient underwent right shoulder arthroscopy and right carpal and cubital tunnel release on 2/7/14. The patient was seen on 8/26/14 with complaints of intermittent sharp, dull pain in the right shoulder, radiating to the neck and biceps. The patient also complained of pain in the right elbow and pain and numbness in the right hand. Exam findings of the right shoulder revealed well-healed scars, negative provocative tests and no tenderness to palpation. The range of motion of the right shoulder was: flexion: 130 degrees, abduction 95 degrees, and external and internal rotation 60 degrees. The motor strength was 5/5 in the bilateral upper extremity and the sensory examination was normal in the right upper extremity. The patient was attending physical therapy. The diagnosis is status post right shoulder arthroscopy and status post right carpal and cubital tunnel release. MRI of the right shoulder dated 10/22/13 (the radiology report was not available for the review) revealed marked increased signal within the tendon of supraspinatus as well as a full thickness tear. Electrodiagnostic evaluation of the right upper extremity dated 12/6/13 (the report was not available for the review) revealed moderate right carpal tunnel syndrome and a mild right cubital syndrome. Treatment to date: surgery, cortisone injections, PT, work restrictions and medications. An adverse determination was received on 9/22/14 for absence of acute trauma or neurologic compromise.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient underwent right shoulder arthroscopy and right carpal and cubital tunnel release on 2/7/14. The physical examination of the right shoulder performed on 8/26/14 revealed negative provocative tests, no tenderness to palpation, normal sensory examination and full muscle strength. The patient's range of motion in the right shoulder was decreased and he was attending physical therapy. However, there is a lack of documentation indicating recent trauma to the right shoulder and the physical examination did not reveal any evidence of tissue insult or neurologic dysfunction. In addition, the radiographs of the right shoulder were not available for the review. Therefore, the request for MRI of the Right Shoulder is not medically necessary.