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| Case Number: | CM14-0215606 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 01/02/2014 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 28-year-old gentleman with a date of injury of 01/02/2014. A treating physician note dated 11/13/2014 identified the mechanism of injury as a wall fell onto the worker's forearm. This note indicated the worker was experiencing pain in the right shoulder, upper back, right elbow, and right wrist with numbness in the hand and fingers. The documented examination described tenderness in the right shoulder, positive Neer and Hawkins tests, and decreased sensation in the right fourth and fifth fingers with decreased joint motion. The submitted and reviewed documentation concluded the worker was suffering from cervical strain/sprain, right arm neuropathic pain, right shoulder strain/sprain, right elbow fraction with repair, right ulnar nerve laceration with reconstruction, right hand stiffness with hypersensitivity and atrophy/weakness, and anxiety and depression. Treatment recommendations included medications, continued home exercise program, stellate ganglion block, P-stimulation, follow up care, right forearm x-rays to assess healing, consultation with orthopedics, physical therapy for the right shoulder, and a MRI of the right shoulder. A Utilization Review decision was rendered on 12/03/2014 recommending non-certification for a MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI imaging when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, or an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation concluded the worker was suffering from cervical strain/sprain, right arm neuropathic pain, right shoulder strain/sprain, right elbow fracture with repair, right ulnar nerve laceration with reconstruction, right hand stiffness with hypersensitivity and atrophy/weakness, and anxiety and depression. The documented examination described multiple findings concerning for a right shoulder rotator cuff tear. The reviewed record suggested the worker was a surgical candidate if it was necessary. In light of this supportive evidence, the current request for a MRI of the right shoulder is medically necessary.