MAXIMUS Federal Services

Case Number:	CM14-0218944		
Date Assigned:	01/09/2015	Date of Injury:	08/02/2011
Decision Date:	03/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
Certification(s)/Specialty: Internal 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 29 year old female, who sustained an industrial injury on 08/02/2011. The diagnoses have included cervical pain, rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, right shoulder pain, right shoulder pain/strain, rule out right shoulder internal derangement. Treatment to date has included pain medications, physical therapy, infrared, electrical stimulation and an epidural injection. Per the PR2 from 10/29/2014, the injured worker complained of right shoulder pain described as constant, moderate, achy and stabbing. The pain went up into the neck. Pain was relieved with medications and creams. Physical exam revealed tenderness to palpation of the cervical paravertebral muscles. Right shoulder range of motion was painful. A previous magnetic resonance imaging (MRI) of the right shoulder showed mild fraying. Work status was temporarily totally disabled. The treating provider is requesting magnetic resonance imaging (MRI) of the right shoulder.On 11/25/2014 Utilization Review (UR) non-certified a request for magnetic resonance imaging (MRI) of the right shoulder, noting that there were no documented changes in the examination that would require repeating the magnetic resonance imaging (MRI). The ACOEM Guidelines were cited.

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): 209, 212-214.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. The primary treating physician's evaluation report dated September 19, 2014 documented physical examination of the right shoulder. Range of motion of the right shoulder was within normal limits. Flexion was 180 degrees. Extension was 50 degrees. Abduction was 150 degrees. Adduction was 50 degrees. Internal rotation was 90 degrees. External rotation was 80 degrees. Motor strength was normal 5/5 in the bilateral upper extremities. The primary treating physician's progress report dated November 14, 2014 documented right shoulder flexion 160 degrees, extension 40 degrees, abduction 160 degrees, adduction 40 degrees, internal rotation 90 degrees, and external rotation 80 degrees. No tenderness of the shoulder was documented. No subjective complaints were documented. The 11/14/14 progress report does not provide support for the request for right shoulder MRI magnetic resonance imaging. Therefore, the request for MRI of the right shoulder is not medically necessary.