

Case Number:	CM14-0219077		
Date Assigned:	01/09/2015	Date of Injury:	11/03/2014
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/31/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 11/03/2014. The mechanism of injury was the injured worker picked up and loaded a container on his truck and was told the container was empty. When the injured worker took a right turn, the truck turned upside down. The documentation of 12/04/2014 revealed the injured worker was treated with x-rays. The injured worker had complaints of head pain, neck pain, right arm pain, lower back pain, and bilateral knee pain. The injured worker underwent a right knee surgery in 1996. The medications were not provided for review. The physical examination revealed tenderness to pressure of the right shoulder and a positive impingement sign. There was spasm in the paraspinal muscles of the lumbar spine. There was tenderness to palpation of the paraspinal muscles. There was reduced sensation in the bilateral feet. The injured worker had a positive straight leg raise bilaterally. The diagnoses included shoulder impingement, lumbar radiculopathy, and internal derangement of the knee not otherwise specified. The treatment plan included physical therapy 3 times a week for 4 weeks for the right shoulder, low back and bilateral knees. Additionally, the request was made for an EMG/NCS of the bilateral lower extremities and an MRI of the right shoulder, low back and bilateral knees omeprazole DR 20 mg 1 daily, and orphenadrine ER 100 mg 1 twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that radiologic testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except where a red flag is noted or history or examination raises the suspicion of a serious shoulder condition and referred pain. The clinical documentation submitted for review indicated the injured worker would be undergoing conservative care. There was a lack of documentation indicating a necessity for MRI evaluation prior to conservative care. There was a lack of documentation of a red flag condition. Given the above, the request for MRI of the right shoulder is not medically necessary.