

Case Number:	CM15-0109874		
Date Assigned:	06/16/2015	Date of Injury:	10/23/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 10/23/13. The diagnoses have included right supraspinatus tendinitis and subacromial bursitis and right flexor tendinitis. Treatment to date has included medications, activity modifications, off work, other modalities and physical therapy. Currently, as per the physician progress note dated 5/6/15, the injured worker complains of continued sharp, stabbing and burning pain that radiates from the shoulder and forearm to the wrist and cervical spine which is unchanged. She rates the pain 5-9/10 on pain scale. She states that nothing helps to alleviate the pain and reports limitations with gripping, grasping, pushing and pulling. She states that she is unable to do anything and is developing anxiety because all activities of daily living (ADL) are limited by pain and discomfort. The shoulder exam reveals limited range of motion, flexion of 90 degrees limited by pain, and tenderness to palpation in the right shoulder. There is previous therapy sessions noted in the records. The physician notes that she has continuous recalcitrant pain and is not improved significantly. The physician requested treatment included Magnetic Resonance Imaging (MRI) without contrast to the right shoulder to further elucidate the pathology of symptomology and further assess the direction of care to treat the injured worker accordingly.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast right shoulder: Overturned

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.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided documentation for review meets criteria for imaging per the ACOEM and the request is medically necessary.