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| Case Number: | CM15-0014723 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 11/07/2008 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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: 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 66-year-old female who reported an injury on 11/07/2008. The mechanism of injury was not specifically stated. The current diagnoses include status post right shoulder arthroscopy on 08/11/2011, rotator cuff tendinosis, and impingement. The injured worker presented on 01/05/2015, with complaints of throbbing pain and numbness, with tingling into the fingers. The injured worker reported moderate sleep disturbance secondary to pain. It was noted that the injured worker had 3 sessions of physical therapy remaining. Upon examination, there was full range of motion of the cervical spine, with positive Spurling's maneuver on the right, and pain with range of motion. Examination of the right shoulder revealed 120 degree forward flexion, 25 degree extension, 93 degree abduction, 75 degree external rotation, internal rotation to S1, positive Hawkin's sign, positive cross arm test, positive supraspinatus test, and 5-/5 supraspinatus weakness. Recommendations at that time included an MRI of the left shoulder, and a prescription for Norco 5/325 mg. A Request for Authorization form was then submitted on 01/09/2015.

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.

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

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, the injured worker was actively participating in a course of physical therapy, with 3 sessions remaining. The injured worker should complete the course of conservative therapy prior to the request for an imaging study. Without documentation, indicating a failure to progress in a strengthening program intended to avoid, or for clarification of the anatomy prior to an invasive procedure, the request is not medically appropriate.