

Case Number:	CM15-0015631		
Date Assigned:	02/03/2015	Date of Injury:	01/15/1998
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 1/15/98. She has reported wrist, shoulder and elbow injury. The diagnoses have included left knee arthroscopy, chondromalacia left knee, cervical sprain, lumbar sprain, disc degeneration, lumbar disc bulge, facet arthropathy, right shoulder impingement and TFCC sprain/tear. Treatment to date has included oral and transdermal medications. Currently, the injured worker complains of right wrist pain and weakness and moderate right elbow tenderness on palpation. On 12/11/14 the physical exam of the right shoulder revealed limited and painful range of motion with impingement, she is wearing a brace. On 1/12/15 Utilization Review non-certified (MRI) magnetic resonance imaging of right shoulder, noting there is no indication the injured worker had undergone conservative therapy to include physical therapy prior to the recommendation. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of 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 without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI)

Decision rationale: The claimant sustained a work-related injury in 1998 and had right shoulder pain in December 2014 without reported new injury. She has physical examination findings consistent with impingement syndrome. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. The claimant has not undergone a course of conservative treatment such as physical therapy or with medications. Therefore, the requested left shoulder MRI is not medically necessary.