

Case Number:	CM15-0017463		
Date Assigned:	02/05/2015	Date of Injury:	02/21/2001
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 56 year old male, who sustained an industrial injury on 2/21/01. He has reported shoulder injury. There was no mechanism of injury noted. The diagnoses have included muscle spasm, reflex sympathetic dystrophy, and carpal tunnel syndrome. Treatment to date has included medications. There were no diagnostics, past history of surgery or other therapies noted. Currently, the injured worker complains of pain about his right shoulder. He was being seen for follow up visit and it was stated that he had interruption in medications for lack of authorization and returned to reinstitute them. He has had no change in symptoms. There was worsening of his complex regional pain syndrome. He complained of pain about the right shoulder with impingement signs. It is unclear whether this is capsulitis or indeed impingement ongoing. The physician recommended Magnetic Resonance Imaging (MRI) of the right shoulder to review the anatomy. On 1/13/15 Utilization Review non-certified a request for MRI of the right shoulder, noting there was no physical exam to indicate medical necessity and no current conservative modalities used. The (MTUS) Medical Treatment Utilization Schedule 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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI

Decision rationale: The patient presents with worsening right shoulder pain rated 7/10 with impingement signs. The patient's date of injury is 02/21/01. The patient has no documented surgical history directed at this complaint. The request is for MRI OF THE RIGHT SHOULDER. The RFA for this request was not provided. Progress note dated 12/11/14 does not include any examination findings, describes the nature of the visit: He has had his medication interrupted for lack of authorization. He returns today to reinstate them. Diagnostic imaging was not included. The patient is currently prescribed Effexor, Naproxen, Omeprazole, and Tramadol. This patient's work status is not specified. ODG-TWC, Shoulder Chapter, under Magnetic resonance imaging states: Indications for imaging -- Magnetic resonance imaging -MRI:- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology."In regards to the request for an MRI to be performed of this patient's right shoulder, the requested diagnostic imaging appears reasonable. This patient's worsening symptoms and diagnosis of chronic complex regional pain syndrome warrant imaging to elucidate the underlying pathology. According to the documentation provided it does not appear that this patient has had an MRI performed to date. Therefore, the request IS medically necessary.