

Case Number:	CM15-0018736		
Date Assigned:	02/06/2015	Date of Injury:	08/04/2008
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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 50-year-old female who reported an injury on 08/04/2008. The mechanism of injury was not specifically stated. The current diagnoses include bilateral shoulder impingement, cervical radiculopathy, and status post right distal radius fracture. The injured worker presented on 11/04/2014 with complaints of right wrist pain, right shoulder pain and neck pain. The injured worker reported 7/10 pain without medication and 4/10 pain with medication. Upon examination of the bilateral shoulders, there was positive impingement sign bilaterally as well as painful range of motion. On the right, forward flexion and abduction was documented at 80 degrees. There was tenderness to palpation over the AC joint as well. Recommendations included continuation of the current medication regimen of Norco 10/325 mg, Prilosec, and Restoril. A right shoulder open decompression and rotator cuff repair was then requested. A Request for Authorization form was submitted on 12/15/2014 for an MRI of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a recent attempt at any conservative treatment prior to the request for an imaging study. In addition, the provider was requesting a surgical procedure for the right shoulder following imaging evidence of a rotator cuff deficit. The medical necessity for an additional imaging study has not been established in this case. As such, the request is not medically appropriate at this time.