

Case Number:	CM15-0119005		
Date Assigned:	06/29/2015	Date of Injury:	06/28/2014
Decision Date:	07/31/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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 43 year-old male who sustained an industrial injury on 06/28/14. He reports right shoulder and arm pain after pulling a metal bar. The initial diagnoses include right shoulder and arm sprain. Treatments to date include anti-inflammatory medication, MRI which showed right rotator cuff tear and torn biceps muscle, orthopedic evaluation, and physical therapy. In a progress note dated 05/05/15, the injured worker reports sharp, stabbing, right shoulder pain that radiates to his neck, right arm, and right elbow. He is unable to lay on his right side; activities of daily living increases the pain, and the pain awakens him from sleep. Physical examination is remarkable for tenderness to palpation of the right shoulder over the anterior and lateral aspects. There is positive Neer, Hawkins, and Jobe's sign. Range of motion is limited and painful. Grip strength is decreased on the right. Radiographic imaging of the bilateral shoulders show evidence of mild hypertrophy at the AC joint on both sides with essentially type I acromion morphologies bilaterally. Assessment includes cervical spine sprain/strain, right shoulder partial rotator cuff tear, and right, long head biceps tendon rupture. He had returned to work involving heavier duties after initial MRI. Repeat MRI of the right shoulder is recommended for comparison. He is under temporary total disability. Date of Utilization Review: 05/19/15

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder imaging 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). Review of the provided documentation does not show that the patient has met these criteria. Therefore, the request is not medically necessary.