

Case Number:	CM15-0127491		
Date Assigned:	07/14/2015	Date of Injury:	08/16/2013
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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: Arizona, California
 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 37 year old female, who sustained an industrial injury on 8/16/2013. She reported a trip and fall onto the right elbow. Diagnoses include bursitis and tendinitis of the right shoulder, radio- humeral sprain, and strain of the right elbow, carpal strain of right wrist, rule out carpal tunnel syndrome and dislocation of right shoulder. Treatments to date include medication therapy, physical therapy, and acupuncture treatments. Currently, she complained of right shoulder pain associated with numbness. On 3/16/15, the physical examination documented muscle spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. The Speeds test, Supraspinatus test and posterior apprehension tests were positive for the right shoulder. The plan of care included a right shoulder MRI.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
 Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. In this case, the claimant had a prior MRI in 2013 that showed adhesive capsulitis. The claimant currently has a positive Speed's test and Supraspinatus test indicating possible rotator tear. The MRI request of the shoulder is medically necessary.