

Case Number:	CM15-0127905		
Date Assigned:	07/14/2015	Date of Injury:	03/07/2015
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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
Certification(s)/Specialty: Emergency Medicine

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 36-year-old female who sustained an industrial injury on March 7, 2015 resulting in intermittent right shoulder pain. She was diagnosed with right shoulder strain or sprain. Treatment has included anti-inflammatory medication, ice, immobilization, and physical therapy after which she reported a 90% improvement of symptoms. On May 14, 2015, the injured worker reported intermittent pain had returned. The treating physician's plan of care includes MRI of the right shoulder without contrast, and 6 additional sessions of physical therapy. She is presently working without restrictions.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Shoulder Procedure Summary Online Version last updated 05/04/2015, Magnetic Resonance Imaging (MRI).

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

Decision rationale: The requested MRI of the right shoulder without contrast is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207- 209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has intermittent shoulder pain. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI of the right shoulder without contrast is not medically necessary.

Continued physical therapy (right shoulder) 2x3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Shoulder Procedure Summary Online Version last updated 05/04/2015, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested continued physical therapy (right shoulder) 2x3 weeks is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has intermittent shoulder pain. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, continued physical therapy (right shoulder) 2x3 weeks is not medically necessary.