

Case Number:	CM15-0171139		
Date Assigned:	09/11/2015	Date of Injury:	02/11/2014
Decision Date:	12/17/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This is a year 46 old female with a date of injury on 2-11-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back and right shoulder pain. Progress report dated 6-15-15 reports continued complaints of right shoulder pain. She reports increasing discomfort and limitation with reaching overhead and grasping objects along with limited activities of daily living due to pain. Physical exam: neck shows increased tone and some firm limitation with range of motion, intact upper right extremity and hand. Treatments include: medication, physical therapy, back brace, flector patch. Last MRI of right shoulder 4-5-14. Request for authorization dated 7-17-15 was made for MRI of the right shoulder. Utilization review dated 8-10-15 non-certified the request.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no change in recent neurological exam. There is no plan for surgery. There is documentation of some physical therapy, with only 6 sessions noted for the shoulder. X-rays of the affected shoulder was reportedly done on 6/2015. There are multiple reports stating that patient had shoulder MRI done on 4/5/14. Results were not provided for review. There is no documented in shoulder exam for months. A prior MRI was already reportedly done. Provider's notes do not mention how a new imaging will change management of chronic, unchanged shoulder pain. MRI of right shoulder is not medically necessary.