

Case Number:	CM15-0178094		
Date Assigned:	09/18/2015	Date of Injury:	05/08/2015
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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:

This is a 54 year old female with a date of injury of May 8, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder derangement, and right arm pain rule out biceps tendon tear. Medical records dated June 12, 2015 indicate that the injured worker complains of right upper arm pain rated at a level of 9 out of 10. A progress note dated August 21, 2015 notes subjective complaints of constant right upper arm pain rated at a level of 5 out of 10 while resting and 7 out of 10 with activities, and pain associated with giving way. Records also indicate that the injured worker was unable to perform activities of daily living due to the pain. Per the treating physician (August 21, 2015), the employee has returned to work with modified work duties including preclusions from lifting greater than 25 pounds and overhead work. The physical exam dated June 12, 2015 reveals tenderness to palpation of the mid upper third biceps, full active range of motion, and "Appears to be a partial tear of the biceps". The progress note dated August 21, 2015 documented a physical examination that showed tenderness over the right bicipital groove, positive Neer's and Hawkins- Kennedy tests, decreased manual muscle testing strength, and restricted range of motion due to pain (flexion of 170 degrees, extension of 40 degrees, abduction of 170 degrees, adduction of 40 degrees, internal and external rotation of 80 degrees). Treatment has included x-rays (resulting in diagnosis of possible torn biceps per treating physician), medications (Tylenol and Valium since at least July of 2015), and a few hours of physical therapy which helped. The original utilization review (August 21, 2015) non-certified a request for magnetic resonance arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR Arthrogram.

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies 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 Reynaud'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). The provided documentation for review does not show emergence of red flags. There is neurologic and physiologic deficits noted and no planned invasive procedure. Therefore, the request is medically necessary.