

Case Number:	CM15-0026061		
Date Assigned:	02/18/2015	Date of Injury:	07/08/2011
Decision Date:	04/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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 50 year old male, who sustained an industrial injury on 7/8/11. He has reported neck and shoulder injury. The diagnoses have included status post-concussion, post-concussion syndrome and cervical spine musculoligamentous. Treatment to date has included epidural steroid injections and oral medications. Currently, the injured worker complains of right shoulder pain with improvement in neck pain. Tenderness of right shoulder, cervical spine and right trapezius were noted on exam dated 1/13/15. Improvement was noted from previous visit. On 2/5/15 Utilization Review non-certified (MRI) magnetic resonance imaging of right shoulder, noting the absence of documentation noting significant changes in condition, suspected pathology or rationale for the requested service. The ODG was cited. On 2/11/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 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). Per the progress notes the patient's physical exam notes shoulder weakness. There is a positive impingement sign. Therefore criteria set forth above per the ACOEM for shoulder imaging studies have been met and the request is certified.