

Case Number:	CM15-0038280		
Date Assigned:	03/06/2015	Date of Injury:	09/17/2014
Decision Date:	04/20/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 53 year old male who sustained a work related injury September 17, 2014. According to a doctor's first report of occupational injury or illness dated September 24, 2014, the injured worker presented with pain in the right shoulder. While pulling cable he felt pain in the right shoulder. X-rays of the right shoulder and scapula were negative and he was treated with Naproxen, Zanaflex and physical therapy. According to a treating physician's progress report dated December 23, 2014, the injured worker presented for follow-up of right shoulder pain rated 2-4/10. Physical examination revealed; range of motion right shoulder abduction at 100 degrees and forward elevation at 100 degrees; there is tenderness to palpation with slight crepitus over the trapezius, deltoid. Diagnoses are right shoulder strain; right arm strain and right shoulder muscle spasm. Treatment included MRI of the right shoulder, refill medications and modified work duty with updated restrictions; no over the shoulder work with right arm, no lifting over 20 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast 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): 207-208. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, MRI.

Decision rationale: This patient has a date of injury of 09/14/14 and presents with right shoulder pain that is rated as 2-3/10 on a pain scale. The Request for Authorization is dated 12/11/14. The current request is for MRI WITH CONTRAST RIGHT SHOULDER. ACOEM Guidelines has the following: regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. The ODG Guidelines under the shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. Examination revealed full ROM but with pain at 60-100 degrees of abduction, suggesting glenohumeral pathology. There were positive Jobe's test and muscle spasms of the right periscapular area. The treating physician recommends holding off on physical therapy until results of MRI are in. The Utilization review denied the request stating that there was lack of documentation of 4-6 week conservative care and there are no red flags. There is no indication that the patient has had MRI of the shoulder. In this case, the patient has been participating in physical therapy with continued pain. Given the examination findings and lack of improvement despite conservative care, an MRI for further investigation is in accordance with MTUS and ODG guidelines. This request IS medically necessary.