

Case Number:	CM15-0077493		
Date Assigned:	04/28/2015	Date of Injury:	01/15/2015
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40-year-old female, who sustained an industrial injury on January 15, 2015. She reported picking up an item, which slipped, and as she tried to grab it, she injured her neck, right shoulder, right upper extremity, right foot, right hip, and right leg area. The injured worker was diagnosed as having cervical sprain/strain with intermittent radiculopathy, right shoulder strain with possible impingement syndrome, tendonitis of the right wrist with possible carpal tunnel syndrome, lumbosacral sprain/strain, left and right hip contusion, and contusion of the left and right foot. Treatment to date has included x-rays, physical therapy, MRI, and medication. Currently, the injured worker complains of constant pain in the neck, lower back, shoulder, right leg, right foot, and right hip area. The Primary Treating Physician's report dated March 20, 2015, noted the injured worker's medications were Tramadol, Iron Sulfate, Naproxen, and Carisoprodol. Physical examination was noted to show trapezial spasm with tenderness at C6, C7, T1, and T2. The right shoulder was noted to have pain in abduction, flexion, and external and internal rotation. The lumbar spine was noted to show paravertebral muscle spasm with tenderness at the lumbosacral junction and tenderness at L4, L5, and S1. Straight leg raise was positive, as was Lasegue's, Patrick's, and sciatic stretch tests. The treatment plan was noted to include requests for MRI of the lumbar spine, MRI of the right hip, and MRI of the right shoulder, and electromyography (EMG)/nerve conduction study (NCS). The injured worker was given Celebrex, Tramadol, and Cyclobenzaprine Flexeril.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM 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). ODG states Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). The treating physician documented a trial of conservative treatment in a patient older than 40 and his most recent physical exam noted pain with abduction, flexion, external and internal rotation of the right shoulder. As such, the request for MRI of right shoulder is medically necessary.