

Case Number:	CM15-0091784		
Date Assigned:	05/18/2015	Date of Injury:	01/14/2014
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, California
 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 53-year-old male patient, with a reported date of injury of 01/14/2014. The diagnoses include right shoulder sprain, right shoulder impingement, and disorders of bursae and tendons in the right shoulder. The progress report dated 04/01/2015 was handwritten and not fully legible. He had constant right shoulder pain. His pain was rated 6-7 out of 10. The pain with medications was rated 2-3 out of 10, and without medications rated 5-6 out of 10. The duration of relief was noted 6-8 hours. The objective findings include hypertonicity and limited range of motion of the right shoulder. The medications list includes anaprox. Treatments to date have included oral medications and physical therapy. The treating physician requested an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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 ACOEM Chapter 9 Shoulder Complaints
 Page(s): page 207.

Decision rationale: MRI for the right shoulder. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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)." Physiologic evidence of significant tissue insult or neurovascular dysfunction is not specified in the records provided. Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or possible cervical cord compromise. The records provided did not indicate that surgical interventions were being considered. Response to a full course of conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent right shoulder X-ray is not specified in the records provided. MRI of the right shoulder is not medically necessary for this patient.