

Case Number:	CM15-0096892		
Date Assigned:	05/27/2015	Date of Injury:	03/28/2015
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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 52 year old male who sustained a work related injury March 28, 2015, after lifting, with pain in the right arm and shoulder. Past history included diabetes and hypertension. A right humerus x-ray dated 4/1/2015, (report present in the medical record) revealed a normal right humerus. A right shoulder x-ray, dated 4/1/2015 (report present in the medical record), revealed an otherwise normal right shoulder. The printed image of the x-ray report is difficult to decipher. According to a work progress and status report at the urgent care, dated April 28, 2015, the injured worker presented with a diagnosis of partial tear right biceps. It is checked off that his condition is not improving, he was not seen by orthopedic physician as ordered, and he has not had an MRI. He complains of pain in the right upper arm with weakness and tenderness. Medical record copies are difficult to decipher. At issue, is a request for an MRI of the right biceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right biceps: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with RIGHT biceps pain. The request is for MRI of the right biceps. The request for authorization is not provided. X-ray of the RIGHT shoulder and humerus, 04/01/15, shows satisfactory alignment of the glenohumeral joint, lateral acromial down sloping, no fracture, and normal periarticular soft tissues for the RIGHT shoulder; and normal findings for the RIGHT humerus. Physical examination of the RIGHT shoulder did not show any tenderness, swelling, erythema, or painful ROM. Diagnosis of partial tear RIGHT biceps. The patient's condition is not improving. Patient's medication includes Ibuprofen. Per progress report dated 04/28/15, the patient is returned to work. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) 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)" Treater does not discuss the request. In this case, patient continues with pain in the upper arm with weakness and tenderness. Given the patients symptoms, physical examination findings and diagnosis, ODG guidelines allows the use of MRI imaging to perform a global examination. Review of medical records does not indicate a prior MRI of the RIGHT biceps being done. Therefore, the request IS medically necessary.