

Case Number:	CM17-0009840		
Date Assigned:	01/19/2017	Date of Injury:	10/13/2016
Decision Date:	02/10/2017	UR Denial Date:	12/29/2016
Priority:	Standard	Application Received:	01/13/2017

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: Emergency 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 59 year old male who sustained a work related injury on October 13, 2016, incurring neck and shoulder injuries. He was diagnosed with a head contusion, cervical strain and right shoulder sprain. Treatment included physical therapy, home exercise program, anti-inflammatory medication, and activity modifications. Currently, the injured worker complained of persistent right shoulder pain. His physical activities were limited due to stiffness and pain in the right upper shoulder, neck and back and muscles. He had decreased range of motion in all directions and tenderness noted over the right lower cervical paraspinal area. He was diagnosed with a neck muscle strain and right shoulder muscle strain. The treatment requested for review included a Magnetic Resonance Imaging of the right shoulder. On December 29, 2016, a request for a Magnetic Resonance Imaging of the right shoulder was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per MTUS ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient has completed a trial of physical therapy with no improvement and has persistent pain despite conservative care. There is limitation with work and while exam was relatively benign except for diffuse tenderness, the lack of progress and persistent pain after injury meets MTUS ACOEM Guideline recommendation. MRI of Right shoulder is medically necessary.