

Case Number:	CM17-0008551		
Date Assigned:	01/17/2017	Date of Injury:	11/10/2016
Decision Date:	02/16/2017	UR Denial Date:	12/15/2016
Priority:	Standard	Application Received:	01/12/2017

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 62 year old male, who sustained an industrial injury on November 10, 2016. The injured worker was currently diagnosed as having strain of unspecified muscle, fascia and tendon at shoulder and upper arm level right arm and impingement syndrome of right shoulder. Treatment to date has included diagnostic studies and medication. On December 1, 2016, the injured worker complained of right shoulder pain described as sharp, intermittent and moderately severe. The symptoms are exacerbated by elevation and lessened by rest. There is no radiation of pain. The injured worker stated there is restricted range of motion at the shoulder. Right shoulder x-rays were normal. Physical examination of the right shoulder revealed tenderness of the right acromioclavicular joints, right subacromial regions and right biceps region. Range of motion of the right shoulder included 90 degrees of flexion, 30 degrees of extension, 50 degrees of external rotation, 90 degrees of abduction and 25 degrees of adduction. The treatment plan included an MRI of the right shoulder. On December 15, 2016, utilization review denied a request for right shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS relies upon ACOEM 2004 Shoulder Complaints Section in order to determine the medical necessity of a shoulder MRI. This patient acutely injured the shoulder in November 2016 and continues with reduced range of motion and physical exam findings consistent with impingement of the rotator cuff muscle. A corticosteroid injection is contemplated in order to treat the continued symptoms and a shoulder MRI is requested prior to the injection. ACOEM supports the use of MRIs to evaluate the shoulder if there is failure to progress with a strengthening program to avoid surgery or clarification of the anatomy prior to an invasive procedure. A subacromial cortisone injection is contemplated to treat the current symptoms and an MRI to evaluate the pathology prior to the injection is supported by ACOEM. Decision making may change depending on the pathology identified. Therefore, this request for an MRI of the shoulder is medically necessary in the care of this patient.