

Case Number:	CM17-0005589		
Date Assigned:	01/12/2017	Date of Injury:	11/01/2016
Decision Date:	02/06/2017	UR Denial Date:	12/27/2016
Priority:	Standard	Application Received:	01/09/2017

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 19 year old male, who sustained an industrial injury on 11-01-2016. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right mild frozen shoulder. Medical records (11-01-2016 to 12-15-2016) indicate ongoing right shoulder pain, right biceps pain and right shoulder blade pain. Pain levels were rated 6-8 out of 10 on a visual analog scale. Records also indicate no changes in complaints or level of functioning. Per the treating physician's progress report, the IW has can return to work with restrictions. The physical exam, dated 12-15-2016, revealed limited range of motion in the right shoulder with tenderness over the bicipital groove, and positive Speed's, Yergason's and Obrien's tests. Relevant treatments have included: physical therapy, work restrictions, and medications. The request for authorization (received on 12-15-2016) shows that the following test was requested: a MRI of the right shoulder. The original utilization review (12-22-2016) non-certified the request for a 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 of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

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

Decision rationale: It is noted that date of injury (DOI) on RFA is 11/1/16 but there are submitted progress notes that also bear DOI as 6/13/16 which appears to be from a different injury. As per 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. Progress notes have noted 6 prior physical therapy completed thus far with no documented improvement in pain or function. Patient is also on anti-inflammatories with no benefit. There is a noted approved X-ray of shoulder by Utilization Review and a progress note that mentions that imaging was normal but no actual report was submitted for review. MRI of shoulder meets criteria for recommendation. There is noted internal derangement with limitation that has not responded to conservative treatment. While imaging report of X-ray was not submitted, it was reportedly normal. Delaying additional imaging of shoulder would not be beneficial to patient at this point. As per MTUS ACOEM Guidelines, MRI of Right shoulder is medically necessary.