

Case Number:	CM17-0014288		
Date Assigned:	01/27/2017	Date of Injury:	11/22/2016
Decision Date:	02/21/2017	UR Denial Date:	01/13/2017
Priority:	Standard	Application Received:	01/23/2017

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, 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 female, who sustained an industrial injury on 11-22-2016. The injured worker is undergoing treatment for: right shoulder tendinitis. Mechanism of injury: repetitive work. Current work status: restricted. The treatment and diagnostic testing to date has included: physical therapy, Medications have included: Voltaren gel. On 1-6-17, the injured worker is noted to be seen in follow up, and as 10 percent better. The injured worker reported not feeling any improvement to right shoulder pain. Pain is described as dull, moderate-severe. Pain is worse with lifting, or elevating the arm. Pain is indicated to radiate into the neck. Pain level is rated 7 out of 10. Objective findings revealed normal findings in the left shoulder for comparison. Examination of the right shoulder revealed tenderness of the right sternoclavicular and acromioclavicular joints, no subluxation, tenderness of right trapezius muscle, deltoid and upper extremity muscles. Muscle spasms noted in the right trapezius, deltoid, and upper extremity muscles. Tenderness also noted in the right subacromial and subdeltoid regions, as well as right biceps tendon and rotator cuff. Special testing noted negative results for drop arm sign, as well as, apprehension testing. Range of motion of the right shoulder is reported to be restricted at flexion 120 degrees, extension 35 degrees, internal rotation 50 degrees, external rotation 45 degrees, abduction 120 degrees, adduction 25 degrees, with no weakness noted in the right upper extremity. Deep tendon reflexes are reported to be 4 over 4 in the bilateral upper extremities, and sensation as intact. Impingement testing is negative. The request for authorization is for: MRI of the right shoulder without contrast. The UR dated 1-13-2017: non-certified the request for MRI of the right shoulder without contrast.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: This is a request for an MRI of the right shoulder without contrast. This claimant was injured in November. There was a right shoulder tendinitis. There was no improvement to the right shoulder pain. Impingement testing was negative. Plain film analysis of the right shoulder was not noted. The MTUS is silent. The ODG notes: 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. No plain films are noted. And with negative impingement testing, there are no signs suggestive of internal pathology. The request is not medically necessary.