

Case Number:	CM13-0019422		
Date Assigned:	10/11/2013	Date of Injury:	04/14/2011
Decision Date:	02/13/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32 year old man with a 04/14/2011 injury to the cervical spine, head, low back and right shoulder when a 35 pound air conditioner fell from a height of 6 feet and landed on his head. An MRI of the cervical spine on 6/6/11 demonstrated multilevel DOD worst at C5-6 and C6-7 with no encroachment on any neural elements at these levels. A lumbar MRI on the same date demonstrated multilevel ODD worst at L3-4, L4-5 and L5-S1. Treatment included PT, NSAIDs, narcotic analgesics and activity modification. Per [REDACTED] office note dated 8/14/13 regarding his right shoulder, he underwent an extensive course of conservative treatment including therapy, chiropractic manipulative therapy, medication, activity modification, subacromial cortisone injection and a selfguided home therapy program. Unfortunately, the patient reported minimal benefit in response to these treatment measures. His MRI scan of the right shoulder obtained on June 2,2011 revealed tendinosis of the distal supraspinatus tendon, subscapularis tendon, infraspinatus tendon and proximal long head biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the right shoulder without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

Decision rationale: An MRI without contrast of the right shoulder is not medically necessary per MTUS and ODG guidelines. The patient had a prior MRI scan of the right shoulder obtained on June 2, 2011 which revealed tendinosis of the distal supraspinatus tendon, subscapularis tendon, infraspinatus tendon and proximal long head biceps tendon. Per MTUS guidelines, relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has had symptoms of cervical radicular symptoms, right arm weakness, decreased RUE range of motion and difficulty with overhead, reaching and pulling activities. There has not been a significant change in his symptoms or findings suggestive of significant pathology since his prior shoulder MRI; therefore, a repeat shoulder MRI on the right is not medically necessary.