

Case Number:	CM13-0022419		
Date Assigned:	03/12/2014	Date of Injury:	08/06/2010
Decision Date:	04/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

This patient is a 52 year old female with date of injury 8/06/2010. Mechanism of injury was pain in her elbow and right shoulder as she was cleaning. The most recent primary care physician's progress report dated 10/15/2013, lists subjective complaints as right shoulder pain and right elbow pain with numbness, tingling, throbbing, and sharp pain. She complains also of pain which radiates down her neck to her wrist. Subjective findings: examination of the right shoulder reveals some pain around the rotator cuff specifically along the supraspinatus tendon. She also has pain diffusely around the rotator cuff and under the acromion. Examination of the elbow shows pain along the lateral epicondyle region as well as the insertion of the biceps tendon. A previous MRI of the right shoulder without contrast performed on 01/14/2011 reported: mild degenerative changes right acromioclavicular joint with mild mass effect on the subjacent supraspinatus. However, there is no rotator cuff tear. Minimal supraspinatus tendinosis/tendinopathy was suggested. Diagnoses include: 1. Possible rotator cuff tear; 2. Rotator cuff syndrome; 3. Impingement syndrome; 4. Tendonitis of the right shoulder and rotator cuff; 5. Biceps tendon tenosynovitis; 6. Status post right surgery for apparently torn tendon; and 7. Residual pain and inflammation to the right epicondyle region suggesting epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The California MTUS Guidelines state that in order to obtain an imaging study that must be: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) - Failure to progress in a strengthening program intended to avoid surgery. - Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) The previous MRI of the right shoulder dated 01/14/2001 shows degenerative joint disease and tendinitis. The mechanism of injury and the medical record do not demonstrate any of the criteria that are necessary for recommending another MRI of the shoulder. Therefore, the requested MRI of the right shoulder is not medically necessary at this time.