

Case Number:	CM13-0040550		
Date Assigned:	12/20/2013	Date of Injury:	09/29/2011
Decision Date:	03/19/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 09/29/2011. The patient was reportedly moving a large heater onto a rooftop when he heard a pop in his neck and right shoulder. The most recent physician progress report was submitted on 10/07/2013 by [REDACTED]. The patient's current diagnoses include right rotator cuff tendinopathy, right AC (acromioclavicular) joint arthritis and impingement, neck pain, bilateral carpal tunnel syndrome, lumbar spondylosis and depression. The patient reported chronic neck pain with radiation to the right upper extremity. Physical examination revealed painful cervical range of motion, tenderness along the right mid cervical lateral masses, positive Spurling's maneuver, positive Tinel's testing bilaterally, tenderness to palpation and bilateral epicondyles, painful right shoulder range of motion, positive Hawkins, O'Brien and Speed's testing, 5/5 strength, and intact sensation. The treatment recommendations included a right cervical facet block and continuation of current medications. There is no mention of the need for an MR arthrogram of the right shoulder within the documentation provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation with positive Hawkins, O'Brien and Speed testing. The patient demonstrated 5/5 strength and intact sensation. The patient previously underwent an MRI (magnetic resonance imaging) of the right shoulder on 02/06/2012. The medical necessity for a repeat imaging study has not been established. There is no documentation of a failure to respond to conservative treatment. There was also no evidence of a significant change or a progression of the patient's symptoms or physical examination findings. The patient reported 50% improvement with physical therapy and 65% improvement following a right shoulder injection. As the medical necessity for the requested procedure has not been established, the request is non-certified.