

Case Number:	CM13-0043137		
Date Assigned:	12/27/2013	Date of Injury:	05/05/2010
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of May 5, 2010. A utilization review determination dated October 18, 2013 recommends non-certification of repeat MRI for the right shoulder. A progress report dated May 28, 2013 indicates that there has been no interval musculoskeletal injury. The patient was seen in November 2011, given a steroid injection, and released to return on an as needed basis in April 2012. Current symptoms include right shoulder, right wrist, and low back pain. Physical activity makes these things worse. The physical examination of the patient's right shoulder identifies loss of extension, flexion, and abduction. Diagnoses include right wrist sprain status post arthroscopy and debridement, right shoulder tendinitis, and cervical and lumbar degenerative disc disease. The current discussion identifies that an MRI of the right shoulder dated August 2011 shows an SLAP tear. Future treatment recommends physician visits and further steroid injections for the right shoulder. A progress report dated December 11, 2013 identifies subjective complaints of neck, back, and shoulder pain. Objective examination findings identified decreased range of motion in the right shoulder. Current treatment plan recommends orthopedic consultation for the right shoulder and physical therapy for the right shoulder. A progress report dated November 18, 2013 indicates that the patient reports no improvement in his right shoulder pain with the injection or home exercise. Previous therapy did not improve the patient's symptoms. Active shoulder flexion and abduction are limited to 90° with complaints of pain, passive range of motion is also limited to 90° of flexion, and there is tenderness everywhere about the shoulder including AC joint and bicipital groove. Impingement sign is positive and there is marked pain and weakness with abduction and external rotation testing. An MRI scan dated November 4, 2013 demonstrates supraspinatus and subscapularis tendinosis, superior labral tear and AC joint arthrosis. Diagnoses include right rotator cuff impingement, AC joint arthrosis, and a labral tear. The treatment plan states that the patient has received absolutely

no benefit from therapy, home exercises, and a subacromial cortisone injection which is unusual for this diagnosis. The note indicates that the patient is a poor surgical candidate. Recommendation is to continue shoulder rehab program with exercises, Motrin, and ice. An MRI of the right shoulder dated November 4, 2013 identifies a tear of the superior aspect of the glenoid labrum, tendinosis of the supraspinatus muscle, and tendinosis of the subscapularis tendon. A progress report dated October 20, 2013 indicates that an MRI be requested to proceed with definitive treatment. A progress report dated June 18, 2013 indicates that the patient has previously undergone 40 physical therapy sessions and previously underwent a cortisone injection which did not help.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient repeat MRI for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the Official Disability Guidelines of Minnesota

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for sub acute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, the requesting physician has identified that the patient's symptoms and physical examination have changed significantly since the time of last MRI. Additionally, there is documentation that the patient has failed physical therapy and cortisone injection. Requesting physician has stated that he would like a repeat MRI for "a definitive treatment." It is assumed that this request is to

clarify the anatomy to consider surgical intervention. As such, the currently requested repeat right shoulder MRI is medically necessary.