

Case Number:	CM14-0004695		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2012
Decision Date:	08/01/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56-year-old female with a reported date of injury on 10/25/2012. The injury reportedly occurred when the injured worker was lifting a machine index in a CNC Machine and strained her left shoulder. Her diagnoses were noted to include cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain, status post right shoulder arthroscopy, rule out right shoulder rotator cuff tear, bilateral elbow medical epicondylitis, bilateral wrist sprain/strain, left wrist tenosynovitis, rule out right wrist carpal tunnel syndrome, thoracic spine sprain/strain, lumbar spine sprain/strain, anxiety, mood disorder, stress, and sleep disorder. Her previous treatments were noted to include surgery, physical therapy, and medication. The progress note dated 12/11/2013 revealed the injured worker complained of sharp, stabbing right shoulder pain. The injured worker was status post left shoulder arthroscopy with residual pain rated 8/10 to the right shoulder and 6/10 to 8/10 on the left shoulder. The physical examination of the bilateral shoulders noted crepitus with range of motion and 2+ tenderness to palpation at the supraspinatus muscles, as well as tendon attachment sites, the acromioclavicular joint, and at the subacromial space bilaterally. There was tenderness to palpation at the rotator cuff tendon attachment sites on the left. There range of motion to the bilateral shoulders was noted left/right flexion was to 90/65 degrees, left/right extension was 20/20 degrees, abduction left/right was noted to be 35/85 degrees, left/right adduction was noted to be 10/15 degrees, left/right internal rotation was noted to be 15/35 degrees, and left/right external rotation was noted to be 20/40 degrees. The orthopedic tests revealed positive Neer's, Apley's scratch, and supraspinatus testing. The neurological examination of the bilateral upper extremities noted sensation to pinprick and light touch diminished over the C7 and C8 dermatomes in the bilateral upper extremities, as well as decreased motor strength secondary to pain in the bilateral upper extremities; however, deep tendon reflexes were 2+ and symmetrical.

The provider reported an MRI was performed with an unknown date and results. The Request for Authorization form was not submitted within the medical records. The request was for an MRI of the right shoulder; however, the provider's rationale was not submitted within the medical records.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for an MRI of the right shoulder is not medically necessary. The documentation provided indicated the injured worker has had a previous MRI; however, it is of an unknown date and unknown results. The California MTUS/ACOEM Guidelines state routine testing and/or specialized imaging studies are not recommended during the 1 month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older injured workers these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of MRI findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For injured workers with limitations of activity after 4 weeks and unexplained physical findings, such as a fusion or localized pain, imaging may be indicated to clarify the diagnosis and assist with reconditioning. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The guidelines state an MRI can be used to identify and define shoulder pathology, such as impingement syndrome, rotator cuff tear, recurrent dislocation, tumor, and infection. There is a lack of documentation regarding the previous MRI date and results, as well as the body region. Therefore, due to the lack of documentation regarding the previous MRI, an additional MRI is not warranted at this time. Therefore, the request is not medically necessary.