

Case Number:	CM14-0008705		
Date Assigned:	02/12/2014	Date of Injury:	05/27/2011
Decision Date:	07/31/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 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:

The patient is a 69-year-old male who has submitted a claim for right shoulder impingement syndrome, right shoulder labral tear, lumbar spine spondylosis, lumbar spine sprain/strain, joint pain, and right knee internal derangement associated with an industrial injury date of May 27, 2011. Medical records from 2012-2013 were reviewed. The patient complained of right shoulder pain, rated 7/10 in severity. Physical examination showed shoulder depressor test positive on the right. Previous utilization review stated that a progress report dated November 11, 2013 showed limited right shoulder range of motion and positive orthopedic maneuvers (impingement, Neer's, Hawkins', empty can, anterior apprehension, and speed tests). An MRI of the right shoulder, dated June 30, 2012, revealed full-thickness tear of the anterior and mid fibers of the supraspinatus tendon associated with muscle atrophy as well as intrasubstance partial tearing and tendinosis of the remaining supraspinatus tendon. Official report of the imaging study was not available for review. Treatment to date has included medications, physical therapy, acupuncture, chiropractic therapy, TENS, extracorporeal shockwave therapy, psychotherapy, right hand surgery, and activity modification.

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: 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): 208. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As stated on page 208 of the ACOEM guidelines, the criteria for imaging include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In addition, the Official Disability Guidelines state that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, patient had persistent right shoulder pain. An MRI of the right shoulder done on June 30, 2012 revealed full-thickness tear of the supraspinatus tendon associated with muscle atrophy as well as intrasubstance partial tearing and tendinosis of the remaining supraspinatus tendon. However, it is unclear why a repeat MRI is necessary at present, since there was no mention of exacerbation of symptoms or worsening of objective findings. Moreover, there was no comprehensive physical examination presented detailing motor exam, sensory, reflexes, and provocative testing. In addition, the most recent progress report was dated October 14, 2013. The current clinical functional status of the patient is unknown. The medical necessity for a repeat MRI was not established. Therefore the request is not medically necessary.