

Case Number:	CM14-0009548		
Date Assigned:	02/14/2014	Date of Injury:	08/04/2005
Decision Date:	07/15/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 49-year-old male with an 8/4/05 date of injury secondary to a motor vehicle accident. The patient was diagnosed with shoulder pain. He is status post a right shoulder arthroscopy, (date unknown). A right shoulder plain film on 1/7/14 revealed degenerative disease of the AC joint. The patient was seen on 1/7/14 with ongoing right shoulder pain, a popping sensation, and weakness. Exam findings revealed swelling of the right AC joint with full range of motion of the right shoulder but pain on abduction greater than 90 degrees, 4/5 strength of the shoulder, and crepitus over the AC joint. The treatment to date: medications, right shoulder arthroscopy (date unknown). A Utilization Review decision dated 1/15/14 denied the request given there was no indication of the patient already had an MRI prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF 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, 209. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Shoulder Chapter, MRI).

Decision rationale: The CA MTUS 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, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient has a 2005 date of injury and had an arthroscopic procedure "2-3 year ago" from his progress report dated 1/7/14, the report was not made available for review. There are no other imaging studies included in the documentation provided except for a plain film of the right shoulder showing degenerative disease of the AC joint. The patient's exam findings were significant for AC joint crepitus and swelling, full range of motion with pain greater than 90 degrees of abduction, and 4/5 strength of the right shoulder. However, there are no other progress notes available for review to compare this patient's physical exam findings, thus it is unclear if there have been any significant changes. In addition, there is a lack of documentation of conservative treatment to date. Therefore, the request for an MRI of the right shoulder was not medically necessary.