

Case Number:	CM14-0104434		
Date Assigned:	07/30/2014	Date of Injury:	02/11/2011
Decision Date:	11/05/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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 injured worker is a 57-year-old male who reported an injury on 02/11/2011. The mechanism of injury reportedly occurred when he continuously struck the bar with a hammer. His diagnoses were right bicipital labral tear, right radial neuritis, right subscapularis and supraspinatus injury, and severe glenohumeral degenerative joint disease. His treatments included medication, acupuncture, and injections. His diagnostics included x-rays, a CT scan of the right shoulder, and an MRI. His surgical history was irrelevant to the work related injury. On 05/21/2014, the injured worker reported that his pain was 7/10 to 8/10 in severity throughout the shoulders, elbows, and wrists. He also had difficulty with overhead activity, lifting, carrying, pushing, pulling, lying in a right lateral recumbent position, and with cold weather exposure. The physical examination of the shoulder girdle revealed remarkable for moderate tenderness, dermatographia and spasticity over the right T1-6 levels with flexion, rotation, and side bending strain. His motor strength was 4/5 secondary to guarding, and he was noted to carry his right shoulder superiorly. He had positive glenohumeral grind test with crepitance, positive right Crank's sign with external rotation, and positive Neer's and Speed sign and empty can sign. His medications were tramadol, diclofenac, and lidocaine. The treatment plan was for an MRI of the right shoulder. The rationale for the request was not provided. The Request for Authorization form was submitted on 05/21/2014.

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 Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter-Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: Based on the clinical information submitted for review, the request for MRI of the right shoulder is not medically necessary. According to the California MTUS/ACOEM Guidelines, the primary criteria for ordering imaging studies include 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 the anatomy prior to an invasive procedure. The x-rays obtained in 2011 showed severe arthritis, along with a CT of the right shoulder in 2012, and was felt to be a candidate for a total shoulder replacement. The injured worker continuously opted out of surgery and was treated with anti-inflammatories and physical therapy. The physician noted that he did not have any updated notes since 11/2013, so it is unclear as to how the injured worker responded to conservative treatment. Furthermore, it is unclear as to what benefit a repeat MRI will have to the injured worker if he has continuously declined surgery. As such, the request for MRI of the right shoulder is not medically necessary.