

Case Number:	CM14-0010055		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2013
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
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 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 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 patient is a 53-year-old male with date of injury July 26, 2013. Per treating physician's report December 16, 2013, the patient suffered an injury of the right shoulder from a near fall incident grabbing on to something, popping the right shoulder followed by immediate pain. The patient has had physical therapy and x-rays, but the patient's pain continued, and he was referred for an MRI of the right shoulder. The patient is seen today for orthopedic consultation. Presenting symptoms are right shoulder pain, difficulty reaching, and occasional tingling and numbness in right ring and little fingers of the right hand, and flared up of prior neck symptoms. Shoulder examination showed tenderness in the right anterior shoulder, no swelling, stability was good, but there was a positive impingement sign and negative apprehension sign. Shoulder range of motion is diminished. Listed diagnosis is rotator cuff tear of right shoulder. Under discussion, it states that the MRI was done, and it was an open MRI with a low field and was a poor quality. Recommendation was for an MRI to be obtained with a closed 1.5 Tesla machine to see the condition of the rotator cuff. There is a report of the right shoulder MRI from November 2, 2013 with impression of 1.9 cm focal full thickness tear noted at the foot plates of the anterior two-thirds of the supraspinatus tendon with 3.3 cm medial retraction, low to moderate grade partial thickness intrasubstance delaminating tear identified in the anterior half of the distal infraspinatus tendon, 0.8 cm focal moderate grade partial thickness of the subscapularis. Chronic moderate grade partial thickness of the extra-articular segment of the long head of the biceps tendon also noted, mild osteoarthritis of the AC joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER (CLOSED SCANNER): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 9, SHOULDER COMPLAINTS, 207-208

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Other Guidelines Official Disability Guidelines (ODG) ODG-TWC guidelines has the following: (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>) "Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration

Decision rationale: This patient presents with persistent shoulder pain. The request is for repeat MRI of the right shoulder using a closed MRI unit. The treating physician indicates that the MRI obtained from November 2, 2013 is an open MRI with low field and that it is a poor quality. However, review of the report of the open MRI from November 2, 2013 describes well-defined full-thickness tear of the supraspinatus, partial-thickness tear of the infraspinatus, partial-thickness substance tear of the subscapularis, biceps tendon tear, and AC joint osteoarthritis. The radiologist does not seem to have any trouble reading the films and identifying pathology down to a millimeter description. MTUS, ACOEM, and ODG Guidelines do not discuss the various different types of MRIs. In this case, MRI of the right shoulder was already obtained with good description of anatomy and pathology. It should also be kept in mind that MRI is not a definitive study. If the patient continues to be symptomatic, arthroscopic evaluation would be more definitive per ODG Guidelines. There does not appear to be a medical reason for repeating MRI of the right shoulder given such clear description of the pathology and anatomy from the MRI already obtained. The request for an MRI of the right shoulder (closed scanner) is not medically necessary or appropriate.