

Case Number:	CM14-0011198		
Date Assigned:	03/14/2014	Date of Injury:	01/01/2001
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/28/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 was injured on 01/15/2001 when he fell through a roof and his right arm got caught on the rafters preventing him from falling to the ground. He had immediate onset of neck pain, right shoulder pain, and low back pain. The records reflect that he has been treated with chiropractic care, physical therapy, and medications. The injured worker was seen on 09/23/2013 for initial orthopedic consultation. Present complaints included intermittent pain in the right shoulder and pain travels to his neck. He has muscle spasms. He has a clicking, popping and grinding sensation in the shoulder, and pain increases with activity. Physical examination of the right shoulder on this date revealed tenderness over the bicipital groove over the rotator cuff area; positive impingement sign; range of motion with flexion 160; extension 40; abduction 165; adduction 35; external rotation 70; internal rotation 60. Reference is made to right shoulder magnetic resonance imaging (MRI) done on 07/21/2001 which was noted to show evidence of mild to moderate impingement present, no rotator cuff tear. Per progress noted dated 12/20/13, the injured worker has been undergoing physical therapy for the shoulder which has not been helping him. The injured worker reportedly had not undergone any diagnostic studies, and MRI of the right shoulder was requested. A request for MRI of the right shoulder was non-certified by utilization review determination dated 12/20/2013, noting that no diagnostic studies were provided, and there is no comparison with prior exams. Current exam shows there is tenderness to palpation right shoulder with 4/5 shoulder strength. Based on the diagnosis and considering the extreme chronic nature of the condition and the lack of discussion of prior diagnostic studies, including prior MRIs, and without new hard clinical indications for the need for additional MRI, the request are not medically necessary.

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 THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 9: SHOULDER COMPLAINTS, TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The records reflect that the injured worker has had a prior MRI of the right shoulder on 07/21/2001. No radiology report was provided, but the study was noted to show evidence of mild to moderate impingement present, no rotator cuff tear. Although the injured worker reportedly has failed conservative care including physical therapy, there is no comprehensive history of treatment completed to date including the total number of physical therapy visits, modalities used and response to treatment. No recent plain radio graphs were documented. There is no documentation of progressive findings of the right shoulder, and no indication that the injured worker is a surgical candidate. As such, medical necessity is not established for the requested magnetic resonance imaging (MRI) of the right shoulder.