

Case Number:	CM14-0013310		
Date Assigned:	02/26/2014	Date of Injury:	11/30/1993
Decision Date:	07/21/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 77-year-old male with a 11/30/93 date of injury. The exact mechanism of injury has not been described. In a 1/7/14 progress report, the patient complained of continued neck pain radiating down both shoulders. He experienced increasing pain to the right shoulder as well as the left shoulder for approximately 6 months. He reported that it was getting worse with decreased range of motion. He also had a 3 week history of spasms to the right calf. He rated his pain at an 8/10. He reported that medications help with about half of his symptoms and allow him to get out of bed and walk. On physical exam, he had tenderness to palpation of his trapezius bilaterally into both shoulders with decreased range of motion to shoulders in all planes of movement, tenderness to palpation to his lower lumbar paravertebral muscles with decreased range of motion on flexion and extension. Straight leg raises were positive on the left at 60 degrees with increased spasm and tonicity to the right calf. An AME dated 9/12/13 treatment for both shoulders to include subacromial injections, anti-inflammatory medications, analgesics and short-term courses of physical therapy. Provision in the right shoulder was made for potential future surgery should the rotator cuff disease progress. MRI of the right shoulder was not recommended. Diagnostic impression: lumbar disc disease with radiculitis, left shoulder impingement, spinal stenosis and back claudication. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 1/22/14 denied the request for MRI of the right shoulder. Chronic condition. The AME does not address the need for an MRI. This is a chronic injury over 20 years old, and there is no documentation of significant changes to the patient's condition.

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 Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.2 Page(s): 208-209.

Decision rationale: 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. However, from the documentation provided, there is no significant change in the patient's chronic generalized pain that would warrant an MRI. A progress note dated 1/7/14 documented a comprehensive left shoulder examination but there was no examination of the right shoulder. It was also noted that he was a surgical candidate for the left shoulder, but again, there was no discussion regarding the right shoulder. This patient was also noted to have an MRI of the left shoulder in March 2013 which showed abnormalities, but there is no plan documented to proceed with surgery. It is unclear as to what the plan of care would be if the right shoulder MRI demonstrated abnormalities similar to the findings on the left shoulder MRI. In light of this fact, it is not entirely clear what a right shoulder MRI would contribute to the ongoing management of this 77-year-old patient. Therefore, the request for MRI of the right shoulder was not medically necessary.