

Case Number:	CM14-0110699		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2007
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 59-year-old male who has submitted a claim for right shoulder single anterior dislocation, status post right shoulder arthroscopy (06/30/2008 and 05/11/2009), and left shoulder arthroscopy (2005); associated with an industrial injury date of 08/17/2007. Medical records from 2005 to 2014 were reviewed and showed that patient complained of pain and stiffness in the shoulders. Pain is aggravated by activity, and relieved by medications. Physical examination showed limited range of motion of the right shoulder with biceps tenderness and clinical impingement syndrome. Tenderness was noted in the left shoulder rotator cuff, limited ROM, and clinical impingement syndrome with abduction to 170 degrees. Treatment to date has included medications, physical therapy, activity modifications, and surgery as stated above. Utilization review, dated 06/24/2014, denied the request for MRI of the right shoulder because there was no documentation regarding a flare-up of shoulder pain with increased functional impairment, failure of conservative treatment that requires surgery, recent MRI results, and confirmation that the request is for right shoulder imaging, given that reports that subjective complaints are worse on the left shoulder. Also, it was not clear why contrast studies were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder Without Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

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: As stated on pages 208-209 of the ACOEM Practice Guidelines referenced by 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, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, the patient complains of shoulder pain and stiffness despite medications, physical therapy, activity modifications, and surgery. However, It is unclear why an MRI is necessary at present since the medical records submitted for review do not reflect exacerbation of symptoms or worsening of objective findings, or that current treatment plans include surgery of the right shoulder. The medical necessity for a repeat MRI was not established. Therefore, the request for MRI Right Shoulder Without Dye is not medically necessary.