MAXIMUS Federal Services

Case Number:	CM14-0121871		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2011
Decision Date:	09/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 10/10/2011. The diagnosis was lumbar disc displacement. The mechanism of injury was the injured worker developed pain in her low back while getting ice. Prior treatments included a cervical epidural steroid injection and medications. Prior diagnostic studies were noted to include an MRI of the right shoulder dated 08/19/2013, and an MRI of the cervical spine. The MRI of the right shoulder revealed a full thickness tear of the entire right supraspinatus tendon, approximately 1 cm from the tendon insertion site on to the greater tuberosity with 1.1 cm of tendon retractions. There was a suggestion of at least mild supraspinatus muscle atrophy, moderate degenerative changes of the acromioclavicular joint and mild cystic changes within the right humeral head. The injured worker had an MRI of the lumbar spine. Other therapies were noted to include physical therapy. The documentation of 06/23/2014 revealed the injured worker had continued pain and no relief, no improvement with medications, rest, or physical therapy. The injured worker had a positive Spurling sign and decreased range of motion in the lumbar spine. The injured worker had a positive impingement sign and radiculopathy. The injured worker had paraspinal spasms. The diagnosis included bilateral shoulder impingement, right rotator cuff tear, bilateral carpal tunnel syndrome, and cervical spine and lumbar spine herniated nucleus pulposus. The treatment plan included an injection for lumbar spine pain, chiropractic care for 12 visits, for treatment of the bilateral shoulders, cervical spine, and lumbar spine. An MRI of the right shoulder ruled out rotator cuff tear and a referral for a right rotator cuff surgery and debridement as well as a subacromial decompression. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a previous MRI of the right shoulder which revealed a rotator cuff tear. There was a lack of documentation indicating whether the injured worker had undergone surgical intervention for the tear. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings suggestive of a significant pathology if she did not have surgical intervention. Given the above and the lack of clarity, the request for 1 MRI of the right shoulder is not medically necessary.