

Case Number:	CM14-0130313		
Date Assigned:	09/24/2014	Date of Injury:	06/05/2011
Decision Date:	11/04/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 55 year-old patient sustained an injury on 6/5/11 from cutting cheese with wire cutter felt right wrist and thumb pain while employed by Gelson's Market. Diagnoses include cervical disc disease/ sprain/ strain; right shoulder internal derangement. Request(s) under consideration include MRI of the right shoulder. Report of 12/23/13 from the provider noted the patient with complaints to the neck, right hand, low back, and right knee pain. Past surgeries include right hand and knee arthroscopic surgery for partial medial meniscectomy. Exam showed right knee with tenderness and positive McMurray's. Diagnoses included cervical disc disease; s/p right CTR 2/2012 and 4/2012; right thumb OA and RSD; lumbar disc disease; right knee OA/ DJD; anterior/ posterior cruciate tear and right knee lateral meniscal tear; anxiety and GERD. Treatment include medication refills. Report of 1/20/14 noted unchanged symptoms complaints. No shoulder complaints noted. Exam had findings to the neck, upper extremity, knee, lower extremity. No clinical findings for shoulder noted nor were there any diagnoses related to any shoulder disorders. Peer review noted report from the provider 6/16/14 showed patient with neck pain radiating to right upper extremity and right hand; lower back pain. Exam showed positive McMurray's testing. Treatment included PT for cervical disc disease, MRIs of right shoulder and cervical spine. The request(s) for MRI of the right shoulder was non-certified on 7/23/14 citing guidelines criteria and lack of medical necessity.

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 Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic) (updated 4/25/14) Magnetic Resonance Imaging (MRI)

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

Decision rationale: Guidelines state routine magnetic resonance imaging (MRI) or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with negative impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such 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; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right shoulder is not medically necessary and appropriate.