

Case Number:	CM14-0132303		
Date Assigned:	09/05/2014	Date of Injury:	10/20/1997
Decision Date:	10/09/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 10/20/1997. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical sprain, mid back sprain, impingement syndrome of the shoulder on the right, epicondylitis on the right, carpal tunnel syndrome on the right, impingement syndrome of the shoulder on the left, elbow joint injury, and an element of depression. Past medical history consists of surgery, chiropractic therapy, physical therapy, and medication therapy. Medications consist of Lyrica, Neurontin, Xanax, and Flexeril. The injured worker underwent decompression, labral repair, and rotator cuff repair of the right shoulder. On 08/07/2014, the injured worker complained of bilateral shoulder pain. The physical examination of the shoulder revealed elevation and abduction were no more than 90 degrees. There was tenderness to the rotator cuff noted bilaterally with a mild finding of impingement. The submitted report did not have any pertinent information regarding motor strength, sensory deficits, or range of motion on the injured worker's right shoulder. The treatment plan is for the injured worker to undergo right shoulder MRI. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The request for MRI of the right shoulder is not medically necessary. ACOEM Guidelines do not recommend laboratory tests, plain film radiographs, or more specialized imaging studies of the shoulders during the first 6 months of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI findings). Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For the patients with limitations of activity after 4 weeks and unexplained physical findings, such as an effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are as follows: emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Given the above, the injured worker is not within the ACOEM/California MTUS Guideline recommendations. The submitted documentation did not indicate that the injured worker had any emergence of a red flag. Additionally, the submitted report did not indicate any suspicion of serious shoulder condition or referred pain. There lacked any quantified evidence of sensory deficits, range of motion, or motor strengths regarding the injured worker's right shoulder. Furthermore, there was no physiologic evidence of tissue insult or neurovascular dysfunction. Given the above, the request for a right shoulder MRI is not medically necessary.