

Case Number:	CM14-0135879		
Date Assigned:	09/03/2014	Date of Injury:	01/16/2013
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 45 year-old patient sustained an injury on 1/16/13 from a fall from a truck while employed by [REDACTED]. Request(s) under consideration include Repeat MRI right shoulder. Diagnoses include right shoulder arthropathy; cervical and lumbar sprains; thigh, elbow, forearm contusion; left knee injury; and rib fractures. Conservative care has included medications, physical therapy, diagnostics (lumbar and shoulder MRIs, CT scan of chest), lumbar epidural steroid injections x 4; and modified activities/rest. The patient is s/p left knee meniscectomy in June 2013; right shoulder arthroscopy on 8/27/13; and right shoulder manipulation under anesthesia on 2/25/14. Report of 7/8/14 from pain management consultant after initial evaluation had request to review previous treatment records. The patient reported chronic ongoing right shoulder, left knee, low back, left rib cage pain and headaches. Medications list Vicodin, Percocet, OxyContin, and Motrin. Limited exam showed decreased range of shoulders, neck, and low back; tenderness of low back muscles, SI joints and left knee; decreased sensory in right "C5-6" dermatome and left S1 dermatome; no documented sensory, motor, or DTR (Deep Tendon Reflex) findings. Treatment included requests for repeat right shoulder MRI, right elbow MRI, repeat cervical MRI and EMG/NCV (Electromyography / Nerve Conduction Velocity) of all four extremities. The request(s) for Repeat MRI right shoulder was non-certified on 7/24/14 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:

Repeat MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines states Routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear Page(s): 209, 214.

Decision rationale: Guidelines state routine 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 without 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 Repeat MRI right shoulder is not medically necessary and appropriate.