

Case Number:	CM14-0150726		
Date Assigned:	09/19/2014	Date of Injury:	02/28/2012
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine 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:

The patient is a 58-year-old male who has submitted a claim for right shoulder impingement syndrome and degenerative joint disorder, acromioclavicular joint associated with an industrial injury date of 02/28/2012. Medical records from 11/12/2013 to 08/06/2014 were reviewed and showed that patient complained of right shoulder pain (pain scale grade not specified). Physical examination revealed tenderness over supraspinatus tendon and acromioclavicular joint, positive impingement test, and no complete neurologic evaluation. MRI of the right shoulder dated 09/25/2012 revealed partial tearing of the supraspinatus, infraspinatus, and subscapularis tendons and mild degenerative arthropathy of the glenohumeral joint. Treatment to date has included pain medications. There was no discussion of previous physical therapy or other conservative management approach. Utilization review dated 08/21/2014 denied the request for MRI right shoulder because there was no documented weakness on exam and notes were not clearly legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208.

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, MRI

Decision rationale: According to pages 208 and 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, the criteria for MRI 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 complained of right shoulder pain. Physical examination revealed tenderness over supraspinatus tendon and acromioclavicular joint, and positive impingement test. There was no documentation of physical therapy or other conservative management trials as well. There was no clear indication for MRI at this time. Of note, a previous right shoulder MRI was done on 09/25/2012 with results of partial tearing of the supraspinatus, infraspinatus, and subscapularis tendons and mild degenerative arthropathy of the glenohumeral joint. It is unclear as to why a repeat MRI is needed. Furthermore, the request failed to specify the body part for MRI study. Therefore, the request for Magnetic resonance imaging (MRI) is not medically necessary.