

Case Number:	CM14-0165080		
Date Assigned:	10/10/2014	Date of Injury:	12/04/2012
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of December 4, 2012. A utilization review determination dated September 22, 2014 recommends noncertification of a left shoulder MRI. A progress report dated August 20, 2014 identifies subjective complaints of bilateral shoulder pain rated as 1-2 on VAS. Physical examination findings reveal no tenderness to palpation, normal sensory exam, and nearly normal left side range of motion testing. The note indicates that the patient has positive impingement signs bilaterally and 4/5 and external rotator strength bilaterally. The diagnoses include right rotator cuff tear status post repair, left shoulder impingement syndrome, and bilateral biceps tendon rupture. The treatment plan indicates that the patient was evaluated by an orthopedic physician but the report is not available. The patient recounts that the physician did not recommend surgery. The note states that an open MRI of the left shoulder will be requested due to signs of impingement and rotator cuff tears. The note states that the patient has failed a home exercise program, time, and medication. The patient had a subacromial injection to the left shoulder which provided significant relief of his symptoms, however this was temporary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the left shoulder, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for 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. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment options including physical therapy. Furthermore, it is unclear how an MRI will change the patient's current treatment plan, as there is a statement indicating that the orthopedic surgeon did not recommend surgical intervention. Additionally, it does not appear surgical intervention would be warranted with a pain score of 1-2 and minimal objective functional deficits present on physical examination. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.