

Case Number:	CM14-0172644		
Date Assigned:	10/23/2014	Date of Injury:	09/24/2014
Decision Date:	12/02/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 Interventional Spine 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 38-year-old male with date of injury of 09/24/2014. The listed diagnoses per [REDACTED] from 09/29/2014 are 1. Right shoulder sprain. 2. Impingement syndrome of the right shoulder. According to this report, the patient complains of severe right shoulder pain. The patient was moving heavy boxes at work when he started feeling the symptoms immediately. He has a history of SLAP lesions/labral tears in his right shoulder with 2 prior surgeries, the last of which was from 2012. He was released without restrictions then. Examination of the shoulder shows tenderness to the right anterior shoulder and posterior shoulder. Flexion is at 90 degrees on the right, 90 degrees abduction. Normal strength is 5/5 in the bilateral upper limbs. Physiologic reflexes are 2+ throughout the bilateral upper limbs. Sensation is within normal limits. The patient has a complex history of right shoulder injury/labral tears, and the treater would like an MRI to rule out dislocation and other pathologies. The utilization review denied the request on 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 - 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter on MRI

Decision rationale: This patient presents with right shoulder pain. The treater is requesting an MRI of the right shoulder. The ACOEM guidelines pages 207 to 208, the primary criteria for ordering imaging studies include 1. Emergence of red flags; 2. Physiologic evidence of tissue insults; 3. Failure to progress in a strengthening program; 4. Clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance and arthrography have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The records do not show an MRI of the right shoulder. The 09/29/2014 notes a history of right shoulder surgery and labral tears to the right shoulder the most recent of which is from 2012. It was also noted that an x-ray was ordered on 09/29/2014, which showed no fracture or dislocation. The treater would like to rule out dislocation and other pathologies. In this case, the patient does not present with red flag symptoms, and the x-ray performed on 09/29/2014 for the right shoulder showed no fracture or dislocation. The patient does not present with significant change in in symptoms or clinical presentation to warrant a repeat MRI. Recommendation is for denial.