

Case Number:	CM14-0183567		
Date Assigned:	11/10/2014	Date of Injury:	01/07/2012
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery 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 injured worker is a 44-year-old female who reported an injury on 01/07/2012. The mechanism of injury involved repetitive activity. The current diagnoses include cervical spine disc bulge, cervical spine multilevel spondylosis, cervical spine musculoligamentous tenderness, mild acromioclavicular joint osteoarthritis, right shoulder mild tendinosis of the supraspinatus tendon, right shoulder sprain/strain, right shoulder subacromial bursitis, right shoulder type 2 curvature of the acromion process, lumbar spine sprain/strain, and stress with anxiety and depression. The injured worker presented on 10/06/2014 with complaints of constant neck pain with reduced range of motion and bilateral shoulder pain. The physical examination of the right shoulder revealed tenderness to palpation over the anterior aspect, and pain with flexion and extension. Treatment recommendations at that time included an updated MRI of the right shoulder. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Right Shoulder without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, "special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms." The primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. This is a request for an updated MRI of the right shoulder. However, the previous MRI was not submitted for this review. There is no mention of an attempt at recent conservative treatment prior to the request for a second imaging study. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. The medical necessity has not been established. As such, the request for a Magnetic Resonance Imaging (MRI) Right Shoulder without Contrast is not medically necessary.