

Case Number:	CM14-0023425		
Date Assigned:	05/12/2014	Date of Injury:	01/14/2009
Decision Date:	08/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 50-year-old male with a date of injury of 01/14/2009. The listed diagnoses per [REDACTED] are: 1. Right shoulder scapulothoracic dyskinesia. 2. Right shoulder stiffness. 3. Right shoulder rotator cuff tear. 4. Cervical strain. 5. Right elbow pain. According to progress report 01/13/2014 by [REDACTED], the patient presents with complaints of right shoulder, elbow, wrist, and cervical spine pain. The patient reports sharp pain in his right shoulder that comes and goes. The patient's treatment history has included PRP injections, physical therapy, medications, and activity modifications. Examination of the right shoulder revealed abduction 120, forward flexion 120, extension 30, adduction 20, external rotation 80, and internal rotation 70. There is crepitus with active or passive range of motion of the shoulder. Positive Hawkins/Neer impingement sign noted. The patient has weakness of the rotator cuff strength, and Jobe's test for supraspinatus tendinopathy is positive. MRI of the right shoulder from 05/22/2013 revealed a tear of the supraspinatus tendon near the insertion site and greater tuberosity with fluid in the subacromial and deltoid bursa including a full-thickness tear. Radiographs of the right shoulder taken on 10/23/2013 of the right shoulder revealed normal results. The treater would like to order an MRI of the right shoulder without contrast. Utilization review denied the request on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9: Shoulder Complaints.

MAXIMUS guideline: Decision based on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9: Shoulder Complaints, page(s) 207-208 and Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic right shoulder pain. The medical file includes an magnetic resonance imaging (MRI) from 05/22/2013 which revealed a full-thickness tear. The treating physician is requesting a repeat MRI of the right shoulder without contrast. Utilization review denied the request on 02/10/2014 indicating that repeat MRI is not routinely recommended and should be reserved for significant findings. American College of Occupational and Environmental Medicine (ACOEM) Guidelines has the following regarding shoulder MRIs on page 207-208: Routine testing, laboratory tests, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. In this case, the patient has recently undergone an MRI of the shoulder. There are no new injuries, no significant changes in examination, or new location of symptoms requiring additional investigation. The requested treatment is not medically necessary and appropriate.