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| Case Number: | CM14-0026011 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 11/03/2011 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 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 46-year-old patient sustained an injury on 11/3/11, while employed by [REDACTED]. The request(s) under consideration include an MRI of the right shoulder. The patient is status post a prior partial acromioplasty and distal clavicle excision. The post-surgical magnetic resonance (MR) Arthrogram of the right shoulder, dated 5/14/12 revealed "Essentially negative without evidence of rotator cuff tear or labral tear in this patient who is status post prior partial acromioplasty." A report of 1/11/14 from the provider, noted that the patient had an exacerbation of shoulder pain after traveling in cold weather. A brief hand-written exam noted swelling in the right wrist and hand, and decreased sensation in the right hand. The diagnoses were right shoulder impingement and carpal tunnel syndrome (CTS) secondary to the shoulder diagnoses. The treatment include Toradol, Dendracin and ace-wrap with unchanged modified work status. A report of 2/2/14 from the provider, noted that the patient had relief from ultracet. A hand-written brief exam showed good range of motion (ROM) of the right shoulder, except for pain and decreased sensation in fingers. The diagnosis was right shoulder impingement with a plan for an MRI, refill of medications, and unchanged work status. The request(s) for an MRI of the right shoulder was non-certified on 2/13/14, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guidelines Tools, Repeat shoulder imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 214.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a routine MRI or arthrography is not recommended without surgical indication, such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated. The criteria for ordering imaging studies include: an emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of the submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request is not medically necessary and appropriate.