

Case Number:	CM14-0032267		
Date Assigned:	06/20/2014	Date of Injury:	10/14/2004
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/13/2014

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 and Washington. 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 42 year old male who reported an injury on 10/14/2004. Mechanism of injury is unknown. The injured worker complained of pain in the low back region that radiated into the right leg. The injured worker also complained of significant pain in the right shoulder and had not been able to elevate his arm past shoulder without pain. He stated that the pain keeps him up at night. Physical examination lacked objective findings regarding the injured workers right shoulder. The injured worker has diagnoses of failed back syndrome lumbar, thoracic spondylosis, muscle spasm and lumbar radiculopathy. Medications to include a multivitamin with minerals 1 tablet a day, Prilosec 20mg 1 tablet 2 times a day #60, Vistaril 25mg 1 tablet every 6 hours PRN #120, Celexa 10mg 1 tablet a day #30, Oxycodone 15mg 1 tablet every 4 hours PRN #180, OxyContin 20mg 1 tablet at bedtime #30, Xanax 0.25mg 1 tablet 2 times a day PRN #60, Zanaflex 2mg 1 capsule 2 times a day PRN #60 and Dulcolax 5mg 3 tablets once a day #90. The treatment plan is for MRI of the Right Shoulder, without Contrast. The Rationale and request for authorization were not submitted for review.

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, without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment

for Worker' Compensation, Online Edition, Chapter: Shoulder, Magnetic Resonance Imaging (IMR).

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

Decision rationale: The California MTUS/ACOEM Guidelines state that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. Given the information above, the reports submitted lacked any physical findings regarding any acute shoulder trauma, suspected tear or impingement. There was also no evidence of measurable pain from the injured worker to the right shoulder. Nor was there functional range of motion or strength deficits documented. As such, the request for MRI of the right shoulder, without contrast is not medically necessary and appropriate.