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| Case Number: | CM14-0039011 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 12/10/2010 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 Family Medicine 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 is a 52-year-old female who reported an industrial injury to her right shoulder on 12/10/2010, almost four (4) years ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for the diagnosis of lumbar disc displacement. The requesting physician failed to provide a nexus to the cited mechanism of injury for the right shoulder. The patient is being treated with tramadol; naproxen; cyclobenzaprine; and periodic pain relief injections. The patient is also being provided physical therapy and activity modifications. The patient was noted to be noncompliant with the use of medications and home exercises and failed to participate fully in his physical therapy sessions. The patient was reported to have right shoulder impingement and thus the MRI of the right shoulder was requested by the primary treating physician. The patient is noted to have indicated that he preferred conservative care over any surgical intervention.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201, 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-08. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Shoulder-MRI

Decision rationale: The request for a MRI of the right shoulder was not supported with any objective evidence on physical examination and was not demonstrated to be medically necessary. No rationale for a MRI study of the right shoulder was documented, as there were no objective findings on examination included. There were no objective findings documented on examination to the right shoulder to meet the requirements recommended by the ACOEM Guidelines or ODG for a MRI of the shoulder. There was no demonstrated intention of surgical intervention and the request is made as a screening study to rule out internal derangement and shoulder impingement. It was noted that the patient had declined surgical intervention. There were no documented objective findings consistent with internal derangement of the right shoulder. The patient has not met the criteria or period of treatment with conservative care recommended by evidence-based guidelines. There was no noted internal derangement to the right shoulder and the diagnosis was a shoulder strain. The request for the MRI is not made by a surgeon contemplating surgical intervention to the shoulder. There were no current documented objective findings or diagnosis of rotator cuff tear or internal derangement as the request appeared as a screening study. The documented objective findings on examination dated were limited with no findings consistent with internal derangement. The MRI of the right shoulder is not demonstrated to be medically necessary and has not met the criteria recommended by the ACOEM Guidelines; or the Official Disability Guidelines. The right shoulder MRI is not supported with a rationale other than a screening study. The provider wishes to evaluate the shoulder for a possible tear; however, there are no objective findings on examination that have either changed or demonstrate possible internal derangement documented for the right shoulder. The symptoms and objective findings documented are minimal and there is no consideration of surgical intervention to the shoulder. The patient has not been demonstrated to have failed conservative treatment prior to the authorization of a MRI of the shoulder. The provider has not established or documented subjective/objective changes to the physical examination of the right shoulder that meets the recommendations of the CA MTUS; ACOEM Guidelines, or the Official Disability Guidelines for the authorization of shoulder MRIs. There are no demonstrated changes in clinical status related to the shoulder that would support the medical necessity of the right shoulder MRI with anticipation of surgical intervention at this point in time without continued conservative treatment. The patient is not documented to be participating in a self-directed home exercise program. There is not medical necessity for the MRI of the right shoulder.