

Case Number:	CM14-0047009		
Date Assigned:	07/02/2014	Date of Injury:	03/04/2014
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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:

The injured worker is a 51-year-old female with a reported date of injury of 03/04/2014. The mechanism of injury was reportedly caused by repetitive use. The injured worker's diagnosis included right shoulder calcific tendinitis. Previous conservative care included activity modification and physical therapy. The x-rays of the right shoulder were consistent with calcific deposit in the area of the supraspinatus tendon. The injured worker presented with pain in the right shoulder. Physical examination of the right shoulder revealed full range of motion with forward flexion to 180 degrees, abduction to 180 degrees, external rotation to 90 degrees, and internal rotation to 70 degrees. In addition, the injured worker presented with a positive Whipple's sign, Neer's sign, and a positive Hawkins sign. The physician indicated that there was no evidence of shoulder instability, and sensation was intact. The injured worker's medication regimen was not provided within the documentation. The plan of care included the injured worker was referred for corticosteroid injections to the right shoulder. The rationale for the request for the MRI was not provided within the documentation available for review. The request for authorization for MRI of the right shoulder was submitted on 04/02/2014.

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 Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend that partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after 4 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. Primary criteria for ordering imaging studies would include emergence of a red flag, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation provided for review indicates the injured worker has previously participated in physical therapy, the results of which were not provided within the documentation available for review. There is a lack of documentation related to the injured worker's functional deficits and the utilization of a VAS pain scale. There is a lack of documentation related to neurological deficits. The clinical note dated 05/07/2014 indicates the injured worker presented with full range of motion and sensory intact. The rationale for the request was not provided within the documentation available for review. Therefore, the request for MRI of the right shoulder is not medically necessary.