MAXIMUS Federal Services

Case Number:	CM14-0047989		
Date Assigned:	07/02/2014	Date of Injury:	03/16/2007
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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 45-year-old female with a 3/16/07 date of injury, when she fell and tripped onto her knees and hands. A plain film of the right shoulder performed on 2/13/13 (radiology report was not available for the review) revealed no fractures. An MRI of the right shoulder dated 3/26/13 (radiology report was not available for the review) revealed mild arthrosis at the acromioclavicular joint, no joint dislocation or subluxation, no abnormal joint fluid, mild distal supraspinatus tendinosis and intact long biceps head tendon. An MRI of the right shoulder dated 4/20/14 (radiology report was not available for the review) demonstrated mild arthropathy of the AC joint. The patient was seen on 5/19/14 with complaints of back pain and numbness and tingling in the toes. She also reported right shoulder pain radiating into ulnar aspect of the arm and into 4th and 5th digits. The patient stated that the arm pain has become excruciating. Exam findings of the upper extremities revealed 5/5 muscle strength in all muscle groups bilaterally and sensory decrease in C4-T1 dermatomes. The patient was given localized trigger point injections into the cervical spine, which reduced patient's pain. The diagnosis is cervical spondylosis, mild glenohumeral fusion and bilateral degeneration of the knees. Treatment to date: lumbar injections, left knee surgery, right L4-L5 hemilamectomy , L4-S1 lumbar fusion, physical therapy and medications.An adverse determination was received on 3/18/14. The request for MRI of the right shoulder - 3 D Rendering/ Interpretation was modified to MRI to the right shoulder due to a lack of detailed discussion of the efficacy of prior treatment and no comparison with prior exams.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder - 3D Rendering / Interpretation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Shoulder Chapter, MRI).

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In addition repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The progress notes indicated that the patient had a plain film of the right shoulder dated 2/13/13 and right shoulder MRIs dated 3/26/13 and 4/20/14. The last MRI revealed mild arthropathy in the right shoulder. The physical examination performed on 5/19/14 revealed intact muscle strength in all muscle groups in the upper extremities and mild decrease in the sensation in the upper extremities. There is no rationale indicating the patient's need for the right shoulder MRI with 3D Rendering/Interpretation and it is not clear why the patient needs additional imaging study to the right shoulder. Therefore, the request for MRI Right Shoulder - 3D Rendering / Interpretation was not medically necessary.