

Case Number:	CM14-0048228		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2001
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 66-year-old female smoker who reported an unknown injury on 04/04/2001. On 03/11/2014, she presented for a followup of bilateral shoulder pain. She described the pain as aching, dull, radiating, throbbing, and locking, with a pain rating of 4/10 to 5/10. She experienced her pain with joint movement. A review of the right shoulder MRI revealed severe intra-articular pathology which required surgical evaluation. She was status post total reverse arthroplasty with significant improvement on the left shoulder. The note further states that she was a candidate for this surgery on the right shoulder about 6 years ago and has significantly decompensated. Her medications included amlodipine 10 mg, Amrix 15 mg, Atorvastatin 20 mg, Bupropion 150 mg, clonidine 0.1 mg, Coreg 2.5 mg, furosemide 40 mg, Leflunomide 10 mg, Lipitor 20 mg, lisinopril 40 mg, Modafinil 200 mg, Norvasc 5 mg, omeprazole 20 mg, Percocet 10/325 mg, prednisone 1 mg, propranolol 20 mg, Provigil 20 mg, Wellbutrin SR 150 mg, and Xanax 1 mg. Her assessment included status post bilateral shoulder surgery, 2 on the right and 1 on the left, narcotic dependency for severe degenerative changes in bilateral shoulders, bilateral rotator cuff arthropathy and was a candidate for bilateral reverse total shoulder arthroplasties, left shoulder arthroplasty of 10/19/2009 with 50% improvement in functioning and a decrease in pain. The treatment plan included an MRI of the right shoulder and trochanteric bursal injection. There was no rationale or request for authorization included with the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - page 561-563.

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

Decision rationale: The request for MRI of the right shoulder is not medically necessary. ACOEM Guidelines suggest that anatomic definition by means of imaging is commonly required to guide surgery or other procedures. Discussion with the specialists on selecting the most clinically valuable study can often help the primary care physician to avoid duplication. Selecting an imaging test takes into consideration any patient concerns about claustrophobia which is sometimes a problem in patients undergoing MRI. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for 1 month or more. In cases when surgery is being considered for a specific anatomic defect, for example 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. The MRI of the right shoulder discussed on 03/11/2014 revealed significant and sufficient diagnostic findings of intra-articular pathology of the right shoulder. There was no justification in the submitted documentation for a second MRI. Therefore, the request for MRI of the right shoulder is not medically necessary.