

Case Number:	CM14-0060125		
Date Assigned:	07/09/2014	Date of Injury:	12/07/2010
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 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:

This 59 year-old patient sustained an injury on 12/7/10 while employed by [REDACTED]. Requests under consideration include MRI left shoulder and MRI right shoulder. Report of 2/26/14 from the provider noted the patient with continuous neck pain associated with headaches; numbness/tingling and weakness of upper extremities rated at 10/10; bilateral shoulder pain rated at 10/10; decreased with rest and medications; sexual dysfunction related to back; and knee pain. Focused exam of shoulders showed no myofascial/ Acromioclavicular (AC) tenderness/biceps/or supraspinatus tenderness; negative apprehension/supraspinatus/Yergason's/Drop arm and Roo's testings bilaterally; positive Neer's and Hawkin's impingement; shoulder range of left with flex/abd/ER/IR of 50/40/20/20 degrees respectively with normal right shoulder range; motor strength of 5/5 in upper and lower extremities with intact sensation bilaterally. Diagnoses included Cervicothoracic spondylosis rule out radiculopathy; rule out rotator cuff tear on left versus adhesive capsulitis; right shoulder subacromial impingement syndrome; lumbar spine spondylosis rule out radiculopathy; bilateral knee chondromalacia patella rule out medial meniscal tear. X-rays of bilateral shoulders reviewed on 2/26/14 noted normal density and bony structures without fracture, dislocation, or subluxation. Conservative care had included 3 lumbar epidural steroid injection (LESI), shoulder injections, physical therapy (PT), medications, and modified activities/rest. Requests for MRI left shoulder and MRI right shoulder were non-certified on 4/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

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

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

Decision rationale: The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four 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; however, this has not been demonstrated with negative instability sign and lack of neurological deficits. Criteria for ordering imaging studies such 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; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific nerve compromise or instability on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI left shoulder is not medically necessary and appropriate.

MRI right shoulder: Upheld

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

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

Decision rationale: The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four 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; however, this has not been demonstrated with negative instability and impingement sign, normal range of motion, and lack of neurological deficits. Criteria for ordering imaging studies such 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; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings

on physical examination. Unequivocal findings that identify specific nerve compromise or instability on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI right shoulder is not medically necessary and appropriate.