

Case Number:	CM14-0066989		
Date Assigned:	07/11/2014	Date of Injury:	03/25/2003
Decision Date:	08/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 37-year-old male with a reported date of injury on 03/25/2003. The injury reportedly occurred when the injured worker was walking on a beam, lost his balance, and fell to the ground landing face down. His diagnoses were noted to include limb pain, lumbar sprain/strain, neck sprain/strain, shoulder region disorders, disc displacement without myelopathy, and cervical disc displacement. His previous treatments were noted to include lumbar epidural injections and medications. The progress note dated 03/19/2014 revealed the injured worker complained of right shoulder pain as well as weakness. There was a positive impingement on examination with range of motion to 140 degrees in flexion and abduction. The progress note dated 06/26/2014 revealed the injured worker continued to complain of low back pain with radiculopathy to lower extremities bilaterally with numbness, tingling, and weakness. The previous lumbar epidural injections did not seem to significantly reduce his pain and he continued to be symptomatic. The injured worker revealed the pain and weakness were increasing in severity and he had a reduction in functional capacity and limitation in his activities of daily living due to his lower back pain and bilateral leg pain with weakness. There is a lack of documentation regarding a physical examination. The request for authorization form was not submitted within the medical records. The request is for an MRI of the right shoulder without intra-articular contrast due to right sided shoulder pain and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder without Intra-Articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: The request for an MRI to the right shoulder without intra-articular contrast is not medically necessary. The injured worker complained of right shoulder pain and weakness and there was a positive impingement test. The CA MTUS/ACOEM Guidelines state routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. Suspect acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging 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 exam findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to invasive procedures. Selecting an imaging test takes into consideration any patient allergies to contrast materials or concerns about claustrophobia in MRIs and costs. When surgery is being considered for a specific anatomy defect, such as a full thickness rotator cuff tear, may be considered for a patient whose limitations due to consistent symptoms have persisted for 1 month or more. Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. The MRI is used to identify shoulder pathologies such as rotator cuff tear, recurrent dislocation, tumor, or infection. There is a lack of clinical findings to warrant an MRI of the shoulder. Additionally, there was a lack of documentation regarding conservative treatment attempted prior to requesting the MRI. Therefore, the request is not medically necessary.