

Case Number:	CM14-0088500		
Date Assigned:	07/23/2014	Date of Injury:	03/10/2013
Decision Date:	10/01/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/12/2014

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 & 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 44 year old female who reported an injury on 03/10/2013 due to an unknown mechanism of injury. The injured worker was diagnosed with status post right shoulder arthroscopy with probable internal derangement. The injured worker was treated with surgery and medications. The injured worker had an x-ray of the right shoulder on an unknown date that showed mild inferior glenoid arthrosis, inferior humeral head arthrosis, and early AC arthrosis post AC resection. The injured worker had a right shoulder arthroscopy for clavicle resection and SLAP repairs on an unknown date. The injured worker complained of right shoulder pain on clinical note dated 03/14/2014. The injured worker had a well healed scar around the shoulder, notable atrophy of the right deltoid, and tenderness at the AC joint, subacromial bursa, and the subdeltoid bursa. The injured worker was prescribed Butrans patch 10mcg one weekly. The treatment plan was for an MRI of the right shoulder without contrast. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (Updated 04/25/14) Magnetic Resonance Imaging (MRI)

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

Decision rationale: The request for MRI right shoulder without contrast is not medically necessary. The injured worker's diagnoses included status post right shoulder arthroscopy with probable internal derangement. The injured worker complained of right shoulder pain. The California MTUS/ACOEM Guidelines recommend MRI when there is 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 is needed. For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation of the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, or the intent to undergo an invasive procedure. As such, the request for MRI right shoulder without contrast is not medically necessary.