

Case Number:	CM14-0090086		
Date Assigned:	07/25/2014	Date of Injury:	03/24/2008
Decision Date:	10/03/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 3/24/2008. She was diagnosed with right shoulder joint pain/osteoarthropathy, cervical spinal stenosis, cervical sprain, and cervical disc disease. She was treated with physical therapy, right shoulder arthroscopy and subacromial decompression, injections, acupuncture, opioids, and NSAIDs. A request for a repeat surgery of her right shoulder (AC joint arthritis correction) had been denied due to no available report of the most recent MRI from 6 months prior (post-operative) for the reviewer to make an assessment. This MRI, which was performed on 10/16/13 showed mild tendinosis of the distal supraspinatus tendon, possible previous acromioplasty, negative for high-grade impingement risk factors, and otherwise normal. On 5/6/14, the worker was seen by her primary treating physician complaining of her right shoulder pain. She reported short-lived benefit from a recent shoulder injection, but that it had worn off quickly and had difficulty sleeping due to her pain. She also complained of neck pain with radiation and numbness into her right arm and hand. Right shoulder examination revealed pain at the end range of motion, impingement sign "near positive"; shrug sign positive, normal strength, AC joint tenderness, adduction test positive. An MRI of the right shoulder was then recommended "to determine the extent of the degenerative changes."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC: Shoulder (Acute & Chronic): Magnetic Resonance Imaging

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

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would test such as MRI is helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. Physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarifications of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, there is not enough evidence to suggest any significant worsening of her right shoulder pain to recommend further imaging after an MRI was performed on 10/16/13, regardless of any interest in performing any surgery. Therefore, the MRI of the right shoulder is not medically necessary.