

Case Number:	CM14-0195573		
Date Assigned:	12/03/2014	Date of Injury:	04/19/2013
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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 Pain Medicine 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 is a patient with a date of injury of April 19, 2013. A progress report dated November 3, 2014 identifies subjective complaints of pain rated as 9/10. Objective examination findings reveal normal shoulder range of motion with some popping. There is "no hesitation, grimace, splinting, or blocking during my examination." The note reviews an imaging study from July 2013 which shows a probable full thickness tendon tear of the right supraspinatus tendon and degenerative changes of the right acromioclavicular joint. Diagnoses include right shoulder pain, supraspinatus tear of the right shoulder, and impingement syndrome of the right shoulder. The treatment plan states that surgery has been denied. Additionally, a new MRI is recommended "to update objectively all the objectively."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Guidelines do not generally recommend repeat imaging unless there is a significant change in subjective complaints and objective findings. Within the documentation available for review, it appears the patient had an MRI of the right shoulder in 2013. The findings on that MRI appear sufficient to explain the patient's current symptoms. There is no documentation of any significant change in the patient's subjective complaints or objective findings to support the need for repeat imaging. Additionally, the most recent physical examination shows no deficits suggestive of any red flag conditions or other shoulder diagnoses which would support the need for repeat imaging. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.