

Case Number:	CM14-0198390		
Date Assigned:	12/08/2014	Date of Injury:	08/15/2013
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 63 year old male with an injury date of 08/15/13. Based on progress report dated 10/07/14, the patient complains of pain in the right shoulder. He has difficulty performing activities above shoulder height. Physical examination reveals a positive empty can test, as per progress report dated 09/09/14. According to AME report dated 06/12/14, the patient complains of constant pain in the right shoulder along with limited range of motion. Pulling, pushing, lifting and carrying worsen the pain and the patient has difficulty performing activities of daily living. The patient also has a "popeye" deformity in the right biceps. Physical examination, as per progress report dated 02/14/14, reveals relatively supple motion of the neck along with somewhat hyperdramatic pain behavior of the right shoulder. The patient was diagnosed with right shoulder rotator cuff tear and right shoulder long head biceps tendon rupture during the visit. The patient is relying on a home exercise program to manage his pain. Medications include Ibuprofen, Omeprazole, Ultracet and Methoderm lotion, as per progress report dated 10/07/14. The patient has also received TENS unit and massage therapy for pain, as per progress report dated 09/09/14. The patient has been allowed to return to modified work, as per progress report dated 10/07/14. X-ray of the Right Shoulder (no date mentioned), as per progress report dated 02/14/14:- Some degenerative changes at the AC joint- Small calcification around the distal clavicle MRI of the Right Shoulder, 12/12/13:- Tear with retraction of the long head of the biceps tendon- Moderate effusion- A 1.5 x 1.5 cm rotator cuff tear- Moderate loss of volume involving supraspinatus muscle. Diagnoses, 10/07/14:- Sprain shoulder/arm NEC- Sprain elbow/forearm NEC- Overexertion from sudden movement. The treator is requesting for MRI OF THE RIGHT SHOULDER. The utilization review determination being challenged is dated 11/17/14. Treatment reports were provided from 12/12/13 - 10/07/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with pain in the right shoulder which prevents him from performing movements over the shoulder height effectively, as per progress report dated 10/07/14. The request is for MRI of the right shoulder. The patient was diagnosed with right shoulder rotator cuff tear and right shoulder long head biceps tendon rupture, as per progress report dated 02/14/14. ACOEM pages 207-208 continue to state that the primary criteria for ordering imaging studies include: "1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure." Under the shoulder chapter of ODG, MRI of the shoulder is supported if conservative measures have failed and rotator cuff/labral tear are suspected. ODG chapter 'Shoulder (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Most progress reports are handwritten and not very legible. In this case, the patient has received an MRI scan for his right shoulder on 12/12/13, which revealed rotator cuff tear and long head biceps tendon rupture. The available progress reports do not indicate any significant changes in the patient's symptoms since then. The patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request is not medically necessary.