

Case Number:	CM14-0200705		
Date Assigned:	12/11/2014	Date of Injury:	05/21/2012
Decision Date:	01/31/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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 51 year old female with an injury date of 05/21/12. Based on the 11/10/14 progress report provided by treating physician, the patient complains of right shoulder pain. Physical examination to the right shoulder on 11/10/14 revealed tenderness to palpation to the rotator cuff, supraspinatus and infraspinatus. Range of motion was decreased, especially on extension 10 degrees and abduction 70 degrees. Per pain management provider's reports dated 09/15/14 and 11/13/14, patient is prescribed Norco and Morphine Sulfate. Patient is off work per treater report dated 10/13/14. Per progress report dated 11/10/14, treater states "we will check on the status of the request for a right shoulder MRI scan and an orthopedic appointment..."Diagnosis 11/10/14- chronic cervical pain, status post cervical surgery 06/17/14 with improvement of the right upper extremity radicular symptoms - chronic thoracic pain secondary to above- chronic right shoulder pain with evidence of tendinosis of the supraspinatus tendon, noted on the right shoulder MRI scan from 10/02/12- chronic right upper extremity radicular symptoms, improved after cervical surgeryDiagnosis 11/13/14- thoracic or lumbosacral neuritis or radiculitis, unspecified- degeneration of lumbar or lumbosacral intervertebral disc- brachial neuritis or radiculitis NOS- degeneration of cervical intervertebral disc- pain in joint involving shoulder region- disturbance of skin sensationThe utilization review determination being challenged is dated 11/14/14. The rationale is "...MRI of the right shoulder dated 10/12/14, documented 'Marked tendinosis of the supraspinatus muscle.'"Treatment reports were provided from 10/31/13 - 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI extremities- right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with right shoulder pain. The request is for REPEAT MRI EXTREMITIES - RIGHT SHOULDER. The patient is status post cervical surgery 06/17/14 with improvement of the right upper extremity radicular symptoms. Physical examination to the right shoulder on 11/10/14 revealed tenderness to palpation to the rotator cuff, supraspinatus and infraspinatus. Range of motion was decreased, especially on extension 10 degrees and abduction 70 degrees. Per pain management provider's reports dated 09/15/14 and 11/13/14, patient is prescribed Norco and Morphine Sulfate. Patient is off work per treater report dated 10/13/14. ODG-TWC, Shoulder (Acute & Chronic) Chapter under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per progress report dated 11/10/14, treater states "we will check on the status of the request for a right shoulder MRI scan and an orthopedic appointment..." Per patient's diagnosis on 11/10/14, the chronic right shoulder pain is due to evidence of tendinosis of the supraspinatus tendon, noted on the right shoulder MRI scan from 10/02/12. Medical records do not document significant change in symptoms or findings suggestive of significant pathology to warrant a repeat MRI, as indicated by ODG. Therefore the request IS NOT medically necessary.