

Case Number:	CM14-0201323		
Date Assigned:	12/11/2014	Date of Injury:	09/01/2007
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old female who had a work injury dated 9/1/07. The diagnoses is right shoulder rotator cuff tendinitis; ligamentous sprain of the bilateral shoulders; DeQuervain's Disease; lateral epicondylitis of the bilateral elbows; bilateral ankle sprain; bilateral wrist tendinitis. There is a progress report dated 10/28/14 that states that the subjective complaints include moderate right shoulder pain, moderate bilateral elbow pain, and moderate bilateral wrist/hand pain. There is some improvement in the right shoulder, non-improvement in the elbows and some improvement in the wrists and hands. The activities of daily living are affected. The objective findings are palpable right shoulder tenderness and decreased range of motion. There is full bilateral elbow pain and tenderness of the bilateral elbows. There is full range of motion and bilateral wrist pain. The treatment plan states that the patient reports improvement with PT but continues to have right shoulder symptoms. There is a request for a right shoulder MRI. Also request ESWT for bilateral elbows. The patient is to continue physical therapy. A 9/23/14 progress note states that the patient noted tenderness of right shoulder, both wrists and left knee. Request petition to re-open case. The treatment plan includes upper extremity electrodiagnostic studies, right shoulder and left knee MRI, PT 2 x 4.

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 Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- MRI.

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g. Cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; sub acute 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. The documentation indicates that the patient had a work injury in 1997. It is unclear what prior imaging studies were performed in the past and when they were performed. The physical exam findings do not reveal a red flag condition or physical exam findings suggestive of significant pathology. The request for an MRI of the right shoulder is not medically necessary.