

Case Number:	CM14-0202854		
Date Assigned:	12/15/2014	Date of Injury:	09/15/2011
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 54 year old employee with date of injury of 9/15/11. Medical records indicate the patient is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, unspecified; myalgia and myositis, unspecified; generalized anxiety disorder, depressive disorder, insomnia and disorders of bursae and tendons in the shoulder region; chronic right posterior shoulder strain and sprain with possible rotator cuff pathology. Subjective complaints include bilateral low back pain, left greater than right. He says his low back pain radiates to the left lower extremity with numbness in the left thigh, tingling, mild spasm and the pain is like a "dull ache". Patient says an LESI (6/9/14) provided 40-50% relief. His pain level is 7-8/10. Objective findings include a normal gait and heel to toe walk without difficulty. Atrophy is present in the bilateral quadriceps. Paralumbar spasm is 2+ on palpation, left. Patient can reach his knees on forward flexion. His lateral bending to the right is 0-10 degrees and on the left is 20-30 degrees with pain. Extension is 0-10 degrees. Range of motion (ROM) is diminished on the right and left. Straight leg raise is positive on the left. ROM of his spine is limited to pain. His lower extremity deep tendon reflexes measure 2+ at the knees. Sensation to light touch is decreased on the left lateral thigh. Motor strength of the lower extremities is 5/5 to all groups bilaterally. His shoulder has: pectoral atrophy 5/10; deltoid atrophy, right 4/10. There is displacement of the AC joint with prominence of the AC joint due to atrophy. There is right rotator cuff atrophy, supraspinatus atrophy and infraspinatus atrophy, all: 3/10. On palpation: the right and left biceps tendon: 4/10; greater tuberosity: right, 2/10, left 3/10; AC joint: right, 2/10 with no crepitur; left, crepitus, 3/10; posterior deltoid: left and right 4/10 and sub-scapularis is non-tender bilaterally. ROM; abduction right, 175, left 178; flexion, right, 164 and left 160; internal rotation, right 107 and left 106; external rotation, right 110 and left 108; extension, right, 66 and left 72; adduction, right, 30 and left 35. Treatment has consisted of acupuncture, home

exercise, physical therapy, Advil, Lidoderm patches, ESI and Duexis. The utilization review determination was rendered on 11/4/14 recommending non-certification of MRI of the right shoulder.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states '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)" ODG 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)". The treating physician in his progress note ruled out that the patient's shoulder pain was caused by the cervical spine. The patient is over the age of 40 and the treating physician is concerned about possible rotator cuff pathology in this patient. The treating physician has met ODG and MTUS guidelines. As such, the request for MRI of the right shoulder is medically necessary.