

Case Number:	CM14-0206763		
Date Assigned:	12/18/2014	Date of Injury:	09/25/2013
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, 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 injured worker is a 54 year old male with a date of injury as 09/25/2013. The worker was injured when the truck he was in tipped over and caused injuries. The current diagnoses include cubital tunnel syndrome, osteoarthritis elbow, osteoarthritis forearm/wrist, shoulder arthritis degenerative, shoulder acromioclavicular joint arthritis, cervical spondylosis, cervical degenerative disc disease, shoulder impingement/bursitis, sprain/strain elbow, cervical myofascial sprain/strain, and elbow contusion. An MRI of her right shoulder in March 2014 showed a partial tear of the supraspinatus tendon and arthritis in the glenohumeral joint. Previous treatments include lumbar laminectomy/decompression, physical therapy, multiple medications, nerve blocks, activity modification, ice/heat, and home exercise program. Primary treating physician's report dated 07/01/2014, orthopedic evaluations dated 10/09/2014 and 11/04/2014, urine drug screening from 11/03/2014, and operative report dated 06/04/2014 were included in the documentation submitted for review. Report dated 11/04/2014 noted that the injured worker presented with complaints that included pain in both shoulders, pain is rated as 7 out of 10, and the injured worker is using Percocet and Tramadol to help control the pain. Cervical spine examination revealed tenderness in the paravertebral musculature, sternocleidomastoid, and trapezius muscles. Examination of the bilateral shoulders revealed tenderness in the subacromial, acromioclavicular, anterior capsule, decreased range of motion, positive impingement test bilaterally, and crepitus was noted on the right. Documentation supports that radiographic imaging of the bilateral shoulders was performed on 10/06/2014 which revealed acromioclavicular joint osteoarthritis, glenohumeral osteoarthritis, type III acromion right shoulder and type II acromion left shoulder, and large glenohumeral joint osteophyte bilaterally. The physician noted that the need for an MRI of bilateral shoulders was to rule out rotator cuff tear. The injured worker is temporarily totally disabled. The utilization review performed on

11/03/2014 non-certified a prescription for MRI without contrast of the right shoulder based on medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. In addition the claimant had an MRI several months ago. The MRI request for the right shoulder is not medically necessary.