

Case Number:	CM14-0208418		
Date Assigned:	12/22/2014	Date of Injury:	03/10/1998
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 New Jersey. 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 worker is a 76 year old male who was injured on 3/10/1998. He was diagnosed with right rotator cuff tear, shoulder strain/sprain, and shoulder tendinitis. He was treated with medications and home exercises. On 11/6/14, the worker was seen by his primary treating physician reporting continual neck and right shoulder pain which had been gradually worsening to the point that he was considering surgical intervention. Shoulder replacement surgery was recommended to him in the past but avoided. He reported using medications (Norco, Flexeril, Mobic) which help. The physical examination findings included tenderness of the right shoulder, including the bicipital and subacromial areas, atrophy of the right arm in general, restricted range of motion of the right shoulder with end-range pain noted popping and clicking noted along posterior superior shoulder, and limited cervical range of motion. He was then recommended an MRI of the shoulder to "rule out any new or interval changes" and was referred to an orthopedic surgeon for consideration of surgical intervention to his 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 9-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, who was recommended an MRI prior to seeing the surgeon for consideration of joint replacement surgery, the decision for imaging should be decided by the surgeon based on prior testing, the symptoms or signs (for which there were at least no evidence for red flag diagnoses), and the proposed surgery. Imaging may or may not be needed in this case, and therefore, the shoulder MRI for now will be considered medically unnecessary.