

Case Number:	CM14-0209393		
Date Assigned:	12/22/2014	Date of Injury:	09/20/2005
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 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 70-year old male with an injury date of 09/20/05 which occurred while lifting heavy weight over his head. Based on the 10/29/14 progress report provided by treating physician, the patient complains of pain to the right shoulder rated 6/10, pain to the right hand rated 5/10. Patient has no surgical interventions directed at this complaint. Physical examination 10/29/14 revealed positive impingement test to the right shoulder. Range of shoulder motion was decreased (extent unspecified). The patient is currently prescribed Naproxen, Tramadol, Terocin patches and compound creams (unspecified). Diagnostic testing results were not included with the report, although the denial letter dated 11/18/14 indicates that 01/14/08 MRI findings included no tear of rotator cuff but suspicious for degeneration and tendinosis of the supraspinatus. Additionally, denial letter indicates that EMG/NCS performed 04/04/08 noted upper extremities were positive for peripheral nerve entrapment." Patient's work status is not specified in the reports provided. Diagnosis 10/29/14, 10/01/14- Internal derangement right shoulder- Hand sprain/strain, right- InsomniaThe utilization review determination being challenged is dated 11/18/14. The rationale is Medical necessity has not been established for MRI - right shoulder. CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction the patient has had chronic right shoulder pain since the 2005 injury. MRI dated 01/14/08 showed a no rotator cuff tear but was suspicious for degeneration and tendinosis. Treatment reports were provided from 10/01/14 to 10/29/14.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic Resonance Imaging (MRI)

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

Decision rationale: The patient presents with pain to the right shoulder rated 6/10, pain to the right hand rated 5/10. The request is for MRI RIGHT SHOULDER. Physical examination 10/29/14 revealed positive impingement test to the right shoulder. Range of shoulder motion was decreased (extent unspecified). The patient is currently prescribed Naproxen, Tramadol, Terocin patches and compound creams (unspecified). MRI of right shoulder was performed 01/14/08, EMG/NCS of bilateral upper extremities performed 04/04/08. Patient's work status is not specified in the reports provided. ODG-TWC, Elbow (Acute & Chronic) Chapter, under MRI's states: Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint... Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Progress report dated 10/29/14 notes a continuation of patient's shoulder pain following injury in 2005, but there are no unequivocal findings of recent injury or flare ups which would warrant a repeat MRI. Additionally, previous MRI findings are not suggestive of significant pathology to warrant a repeat MRI, and the patient is not post-op for which an updated MRI may be indicated. Therefore the request IS NOT medically necessary.