

Case Number:	CM14-0073303		
Date Assigned:	07/16/2014	Date of Injury:	09/22/2008
Decision Date:	02/05/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/20/2014

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 64 year old employee with date of injury of 9/22/08. Medical records indicate the patient is undergoing treatment for major depressive disorder; osteoarthritis, generalized; degeneration of cervical intervertebral disc; spinal stenosis of lumbar region without neurogenic claudication; lumbosacral spondylosis without myelopathy and long term and current use of medications. Subjective complaints include pain in right shoulder which radiates to her neck; pain in the right knee; pain in the right foot at lateral aspect; pain on right side from hip to pelvis and issues with instability. She had one injection (LESI) in the past with no significant improvement. She reports that is not tolerating her medications and she has constipation. She says her pain is rated at 6/10 or higher. She also reports dizziness. Objective findings include evidence of retrolisthesis of L5-S1 and a disc bulge at L2-3 with mild-moderate stenosis at L4-5 and moderate foramina stenosis at L5-S1. She had normal EMG studies of the bilateral lower extremities. Treatment has consisted of Vicodin, Carisoprodol, Norco, Cymbalta; LESI. The utilization review determination was rendered on 5/8/14 recommending non-certification of an MRI right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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."The treating physician has provided no evidence of red flag diagnosis and has not met the above ODG and ACOEM criteria for an MRI of the right shoulder. As such, the request for MRI of the right shoulder is not medically necessary.