MAXIMUS Federal Services

Case Number:	CM15-0001778		
Date Assigned:	01/12/2015	Date of Injury:	05/13/2013
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained a work related injury on May 13, 2013, where she works as a seamstress and developed pain in the left knee and right wrist after a fall. Magnetic Resonance Imaging (MRI) of the wrist showed a complex tear with a joint effusion. A wrist arthroscope was performed. Treatment consisted of physical therapy and medications. Post operative she developed a mild reflex sympathetic dystrophy.Currently in May, 2014, the injured worker complained of increased pain stiffness and limited range of motion of the right shoulder. Treatment included cortisone injections and Transcutaneous Electrical Nerve Stimulation (TENS). Repeat MRI of the right shoulder was performed on 9/12/14 showing supraspinatus-infraspinatus tendinosis and tendon thickening as well as a small linear interstitial tear in the subscapularis tendon laterally, but no other tears.On January 12, 2015, a request for a Magnetic Resonance Imaging (MRI) of the right shoulder was non-certified by Utilization Review, noting California MTUS Guidelines.

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 Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines.

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, there was insufficient evidence reported in the documentation provided to suggest any red flag diagnosis or any other change in reported or examined symptoms to warrant repeat MRI testing so closely after it was recently completed. Without more clear indication provided to suggest imaging is warranted again for this case, the MRI right shoulder will be considered medically unnecessary.