

Case Number:	CM15-0003683		
Date Assigned:	01/14/2015	Date of Injury:	04/28/2012
Decision Date:	04/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male, who sustained an industrial injury reported on 4/28/2012 versus 4/18/2012. The injury was noted to be due to a hit and run while out fielding 28 poles for new fiber optic cable placement versus being assaulted by a man and sustained injuries all over his body, both noted in the medical records to have been reported the same date of 4/28/2012. He has reported intermittent, radiating neck pain, intermittent, moderate pain in the right jaw and right eye socket, bilateral shoulders, and clavicle; and intermittent moderate pain in the left rib cage with inhalation. The diagnoses were noted to include disorders of the bursae and tendons in the shoulder region - unspecified; lumbosacral disc disease with multi-level arthropathy/facet degeneration; and cognitive impairment. Treatments to date have included consultations; diagnostic imaging studies; open reduction internal fixation (ORIF) of zygomatic maxillary complex fracture and repair of orbital floor with bone graft on 5/10/2012; ORIF of communicated displaced clavicle fracture on 5/18/2012; cervical 6-7 fusion; physical therapy (unspecified); clot removal from his lungs; brain surgery; speech therapy; occupational therapy; neuropsychological therapy; and medication management. The work status classification for this injured worker (IW) was not noted. The 10/2/2014 orthopedic re-evaluation notes show low back, right shoulder and neck pain and complaints with diagnoses that include: work related assault, traumatic brain injury and bilateral shoulder rotator cuff tendonitis/bursitis. The treatment plan included the request for the magnetic resonance imaging of the right shoulder; as did the PR-2's dated 10/8/2014, 12/2/2014, and 12/7/2014. The orthopedic re-evaluation notes of 10/30/2014 note complaints to include neck pain with numbness in the left arm, low back pain

with numbness in the right leg, and intermittent moderate right shoulder pain; with a request for a right shoulder magnetic resonance imaging study. On 12/9/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/2/2014, for a magnetic resonance imaging study of the right shoulder to evaluate shoulder pain. The Medical Treatment Utilization Schedule and the American College of Occupational and Environmental Medicine, occupational medical practice guidelines, chapter 9, imaging studies, was cited.

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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the neck, right jaw, right eye socket, bilateral shoulder, clavicle and left rib cage. The current request is for MRI of the Right Shoulder. The treating physician report dated 10/30/15 (19B) states, "I would like to request authorization for MRI study of the cervical spine (with contrast) and right shoulder to better assess the root of the patient's complaints". The MTUS guidelines do not address the current request. The ODG guidelines has the following regarding MRI's of the shoulder: "Recommended as indicated below". 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". A progress report dated 10/2/14 (13B) states, "He has intermittent moderate right shoulder pain with burning type sensation and difficulty raising the right arm above shoulder level". The treating physician report dated 10/30/14 (18B) states, "There is rotator cuff weakness noted". The report goes on to note a diagnoses of bilateral shoulder rotator cuff tendinitis/bursitis. Medical reports provided do not show that the patient has received a previous MRI for the right shoulder. It is noted in the medical reports provided that the patient has undergone surgery for the shoulder although it does not specify which shoulder, nor does it specify what procedure was performed. In this case, the patient presents with moderate shoulder pain with documented rotator cuff weakness and a restricted range of motion. Furthermore, the patient's symptoms have not improved and the physician is requesting an MRI in order to properly assess the root of the patient's symptoms. The current request satisfies the ODG guidelines as outlined in the "Shoulder" chapter. Recommendation is for authorization.