

Case Number:	CM15-0005611		
Date Assigned:	01/26/2015	Date of Injury:	07/21/2010
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 7/21/2010. The current diagnoses are right shoulder internal derangement. Currently, the injured worker has a frozen right shoulder. On 8/6/2014, an MRI of the right shoulder ruled out any underlying pathology, particularly there is no rotator cuff tear. A progress report dated November 4, 2014 indicates that the patient continues to complain of severe neck and right upper extremity pain. Physical examination findings reveal "frozen right shoulder." Diagnosis is right shoulder internal derangement and others. The treatment plan recommends an updated cervical spine MRI and right shoulder MRI with findings of myeloradiculopathy and frozen shoulder. On 12/22/2014, Utilization Review had non-certified a request for an updated MRI right shoulder. The MRI was non-certified based on no clinical indication or reason for repeating a right shoulder MRI. The Official Disability Guidelines were cited.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (Magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for repeat MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. ODG goes on to state that they repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any significant change in the patient symptoms and/or findings suggesting a significant worsening of the patient's pathology or a new issue which needs to be evaluated by MRI. Additionally, it is unclear how a repeat MRI will change the current treatment plan. In the absence of clarity regarding those issues, the currently requested repeat shoulder MRI is not medically necessary.