

Case Number:	CM15-0102697		
Date Assigned:	06/05/2015	Date of Injury:	12/21/2012
Decision Date:	07/31/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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

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 on 12/21/2012. The current diagnoses are cervical spine sprain/strain rule out discopathy, status post lumbar spine, status post weak left shoulder, and rule out right shoulder internal derangement. According to the progress report dated 2/19/2015, the injured worker complains of frequent, sharp neck pain with radiation into the bilateral shoulders (5-7/10), intermittent, sharp right shoulder pain with radiation into the right upper extremity (5-8/10), intermittent, sharp left shoulder pain with radiation into the left upper extremity (5-7/10), and intermittent, sharp low back pain with radiation into the bilateral lower extremities (5-7/10). The current medications are Tramadol, Motrin, and Omeprazole. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, electrodiagnostic testing, injections, and surgical intervention. The plan of care includes MRI of the right shoulder.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR arthrogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: Based on the 02/19/15 progress report provided by treating physician, the patient presents with RIGHT shoulder pain rated 5-8/10 that radiates to the right upper extremity. The request is for MRI OF THE RIGHT SHOULDER. RFA with the request not provided. Patient's diagnosis on 02/19/15 included rule out RIGHT shoulder internal derangement. Physical examination on 02/19/15 revealed bilateral trapezius RIGHT more than left with guarding, and tenderness over the right posterior rotator cuff. Abduction and flexion 150 degrees. Positive shoulder depression, Impingement and Apprehension tests. Treatment to date has included surgery, imaging and electrodiagnostic studies, physical therapy, injections, and medications. Patient's medications include Tramadol, Motrin, and Omeprazole. The patient is off-work, per 11/19/14 report. Treatment reports dated 11/19/14 and 02/19/15 were provided. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) 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. (Mays, 2008) " Progress report with the request was not provided. UR letter dated 05/05/15 addresses request for MRA right shoulder stating: "This patient reports significant ongoing pain and has symptoms of rotator cuff tear after failed conservative treatment over the past year. However, there is no provided rationale as to why this patient would not be a candidate for an MRI to assess for rotator cuff pathology versus an MR arthrogram at this time." In this case, patient continues with pain to the RIGHT shoulder with upper extremity symptoms, and according to diagnosis on 02/19/15, treater intends to "rule out RIGHT shoulder internal derangement." Given the patients symptoms, physical examination findings and diagnosis, ODG allows the use of MRI imaging to perform a global examination. Review of medical records do not indicate a prior MRI of the RIGHT shoulder has been done. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.