

Case Number:	CM15-0103984		
Date Assigned:	06/08/2015	Date of Injury:	02/13/2004
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 61-year-old male, with a reported date of injury of 02/13/2004. The diagnoses include rule out right shoulder impingement/rotator cuff pathology. Treatments to date have included oral medications. The follow-up consultation report dated 04/08/2015 indicates that the injured worker complained of right shoulder pain. He rated the pain 5 out of 10. The injured worker recalled shoulder pain with the initial injury; however, the condition was worsening at this time. The objective findings included documentation about the lumbar spine. There were no objective findings regarding the right shoulder documented. The treating physician requested an MRI of the right shoulder to rule out impingement/rotator cuff pathology.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Complaints: Diagnostic Consideration.

Decision rationale: MRI of the right shoulder is not medically necessary. Per ODG 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) Additionally, "When surgery is being considered for a specific anatomic defect (e.g, a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further, evaluate the possibility of potentially serious pathology, such as a tumor. Selecting specific imaging equipment and procedures will depend on the availability and experience of local referrals. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms." Finally, "MR arthrogram is recommended as an option to detect labral tears and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labreal tears and may be necessary in individuals with persistent symptoms and findings of a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface." Per ODG the claimant's request does not meet guidelines; therefore MR arthrogram is not medically necessary.