

Case Number:	CM15-0104997		
Date Assigned:	06/09/2015	Date of Injury:	07/22/2014
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 48 year old male who sustained an industrial injury on 7/22/14 resulting in neck, right shoulder, right wrist, low back and bilateral ankle pain. He currently complains of low back pain with radiation to the lower extremities, left greater than right; neck pain is worse than back pain and he is experiencing headaches and physical therapy makes headaches less intense; right wrist is sore that is aggravated with gripping motion. On physical exam of the lumbar spine, there was spasm and guarding; the right shoulder was positive for impingement signs, decreased range of motion and tenderness to palpation over the acromioclavicular joint. Medications are gabapentin, Tramadol, Diclofenac sodium cream, ibuprofen, and Omeprazole. Diagnoses include cervical disc displacement; lumbar disc displacement; fracture distal radius, right; pain in joint shoulder, right; concussion; pain in joint ankle foot-bilateral; depression; anxiety. Treatments to date include physical therapy which has helped with low back and neck pain; medications. Diagnostics include MRI right ankle (3/5/15) showing minimal signal intensity of the posterior talofibular and tibiotalar ligaments; MRI left ankle (3/5/15) unremarkable; electromyography/ nerve conduction studies of bilateral lower extremities (1/27/15) revealed an abnormal study; computed tomography right wrist (12/29/14) shows incomplete union of an intra-articular radial styloid hairline fracture; MRI right wrist (9/17/14) showing non-displaced fracture; MRI brain (9/10/14) unremarkable; MRI cervical spine (9/8/14) showing disc protrusion; MRI lumbar spine (9/5/14) showing disc protrusion; electromyography (no date) shows mild bilateral cerebral mononeuropathy but no lumbar radiculopathy or plexopathy. In the progress note dated 5/1/15 the treating provider's plan of care includes a request for right shoulder MRI if a study was not done as the injured worker continued to have pain ten months after his injury.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI to the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI shoulder.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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. In this case, the injured worker's working diagnoses are cervical disc displacement without myelopathy; lumbar disc displacement without myelopathy; fracture distal radius closed, right NEC; painting joint white shoulder; concussion; and pain joint bilateral ankle-foot. The documentation in the medical record states the injured worker had a prior MRI of the right shoulder on October 21, 2014. The injured worker does not recall an MRI of the right shoulder. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. The documentation includes multiple magnetic resonance imaging scans of multiple bodyguards. According to a May 1, 2015 progress note, the injured worker has complaints referable to the low back, ankle, right wrist, neck and right shoulder. The injured worker received 12 physical therapy sessions to the back and neck. There is no documentation of prior physical therapy to the affected shoulder. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker had a prior MRI right shoulder October 21, 2014, MRI right shoulder is not medically necessary.