

Case Number:	CM15-0012141		
Date Assigned:	03/10/2015	Date of Injury:	08/04/2008
Decision Date:	04/08/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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 59 year old female, who sustained an industrial injury on August 4, 2008. She has reported pain in the right shoulder, neck and right wrist pain. The diagnoses have included bilateral shoulder impingement, cervical radiculopathy and status post right distal radius fracture. Treatment to date has included radiographic imaging, diagnostic studies, and requests for surgical intervention of the right shoulder, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of right shoulder, neck and right wrist pain. The injured worker reported an industrial injury in 2008, resulting in chronic neck, shoulder and wrist pain. She has been treated conservatively without resolution of the pain. Evaluation on April 15, 2014, revealed continued pain. Surgical intervention of the right shoulder was requested. It was noted pain medication was required for the injured worker to maintain function and the ability to perform activities of daily living. Pain medications were renewed. Evaluation on November 4, 2014, revealed continued pain and positive shoulder impingement. Surgical intervention was requested. On December 24, 2014, Utilization Review non-certified a request for an MRI of the upper extremity joint without dye, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of requested MRI of the upper extremity joint without dye.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, and MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

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 bilateral shoulder impingement; cervical radiculopathy; and status post right distal radius fracture. MRI of the right shoulder dated March 28, 2012 shows a bright signal of the supraspinatus tendon, 2 cm proximal to the insertion site, which may represent intrasubstance tear or tendinosis; horizontal tear of the superior glenoid labrum; and formation of the AC joint impinging on the supraspinatus muscle tendon junction near the rotator cuff. A progress note dated November 4, 2014 indicates the patient continues to have pain in the right shoulder, neck and wrist. Pain is 7/10 without medications and 4/10 with medications. Objectively, examination of the shoulders shows a positive impingement sign bilaterally with painful range of motion bilaterally. A supplemental report dated November 4, 2014 states it has been a long time since she has had an MRI, I will go ahead and obtain another. An appropriate amount of time has gone by since her last MRI was obtained. The request for authorization was dated December 16, 2014. The most recent progress note in the medical record is November 4, 2014. There is no progress note in the medical record with a clear clinical indication and rationale on or about the time of the request for authorization dated December 16, 2014 to repeat the 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. There is no significant change in symptoms and/or objective clinical findings suggestive of significant pathology documented in the medical record. Consequently, absent compelling clinical documentation with a significant change in symptoms or objective findings suggestive of significant pathology, (repeat) MRI of the right shoulder is not medically necessary.