

Case Number:	CM15-0131532		
Date Assigned:	07/17/2015	Date of Injury:	06/01/2012
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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, District of Columbia, Maryland
 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:

This is a 45 year old female with a June 1, 2012 date of injury. A progress note dated June 23, 2015 documents subjective complaints (right sided neck pain; headaches are more frequent; interference with sleep; spasms in the neck that cause the right fingers to go numb; joint stiffness of the right shoulder; tenderness of the right shoulder joint; stress), objective findings (muscle atrophy of the right biceps; forward flexed body posture; shoulder elevated on the right side; decreased range of motion of the right shoulder), and current diagnoses (chronic pain syndrome; disorder of rotator cuff; shoulder pain). Treatments to date have included medications, magnetic resonance imaging of the right shoulder (prior to surgery), and right shoulder surgery in 2013 with no improvement, magnetic resonance imaging of the cervical spine, and physical therapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a magnetic resonance imaging 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 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, Shoulder chapter.

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

Decision rationale: The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: 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) The documentation submitted for review indicates that the injured worker previously had MRI of the right shoulder in 2013. Repeat MRI is not recommended absent significant change in symptoms. The medical records do not contain evidence of significant neurologic change warranting repeat imaging. The request is not medically necessary.