

Case Number:	CM15-0145570		
Date Assigned:	08/06/2015	Date of Injury:	07/02/2014
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 49 year old male patient who sustained an industrial injury on 07-02-2014. He sustained the injury when he was working in a 14 foot ditch and was struck in the back by a large chunk of asphalt or dirt which rolled down a steep slope and impacted him during the backfilling of the ditch. Later that day he was struck in the shoulder by a falling ladder. He was treated in the ED for back-trunk, shortness of breath and dizziness. Diagnoses include right shoulder strain with possible right shoulder rotator cuff tear, lumbar contusion-strain with left sciatica and suspected lumbar radiculopathy, cervical strain and cervicogenic headache, and right knee contusion. Per the physician progress note dated 06-08-2015 he had complains of right shoulder pain especially with reaching with the right arm. He also has right-sided neck and trapezius pain and associated headaches that come from the neck. His low back pain was described as burning and stabbing and reached 9 out of 10 in intensity. The pain radiates down the left posterior thigh to the lateral calf and heel. He report tingling in his left leg. Approximately 3 months prior he reports he lost his balance while stepping out of his truck and closing the door, falling to his right side and striking his right knee. The physical examination revealed tenderness at the right upper trapezius as well as the right lateral subacromial space and just inferior to the acromioclavicular joint, slight restriction in cervical range of motion, Facet loading maneuver elicits some neck pain; the right shoulder- mild decreased range of motion, moderately positive impingement testing; lumbar range of motion restricted and straight leg raise positive on the left. His current medications include Tramadol, Naprosyn, Gabapentin, topical lotion and Testosterone. He has had an unofficial Magnetic Resonance Imaging of the lumbar spine which revealed partial

sacralized L5-transitional lumbosacral vertebra with pseudo-articulation of right L5 transverse process with sacral ala; the cervical spine MRI which revealed degenerative changes; right shoulder X-ray dated 7/8/2014 which revealed 5 mm acromioclavicular interval; cervical MRI dated 8/18/2015 which revealed minimal right sided uncovertebral hypertrophy at C5-6. He has undergone right shoulder injection on 10/24/14 which provided several weeks of relief, and modified duties. He has undergone left knee arthroscopic surgery in 1989. He has had physical therapy, and acupuncture and use of a Transcutaneous Electrical Nerve Stimulation unit. He has not been working since February of 2015. The treatment plan includes an orthopedic evaluation with regards to his right shoulder condition, and electrodiagnostic studies to assess for objective evidence of lumbar radiculopathy. Treatment requested is for a MRI 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: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: MRI Right Shoulder. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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)." Patient had chronic right shoulder pain. He has significant findings on the physical examination- tenderness, decreased range of motion and moderately positive Impingement testing. These findings are suggestive of a rotator cuff tear or other internal derangement. There is physiologic evidence of tissue insult. He was treated with medications, physical therapy and right shoulder injection. He has had a right shoulder X-ray. The cited guidelines support the request for a MRI of the shoulder in this patient at this time. The request of MRI right shoulder is medically appropriate and necessary for this patient.