

Case Number:	CM15-0160318		
Date Assigned:	08/26/2015	Date of Injury:	01/05/1996
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 52-year-old female, who sustained an industrial injury on 1-05-1996. Diagnoses include calcifying tendinitis, lateral epicondylitis and chronic pain syndrome. Treatment to date has included surgical intervention of the right shoulder (2001) as well as conservative measures including medications, activity modification, heat, bracing, exercise and injections. Current medications include Amitriptyline, Zanaflex, Norco and Mobic. Per the Office Visit dated 7-23-2015, the injured worker reported right shoulder and bilateral elbow pain. The pain is located at the lateral aspect of the shoulder and radiates down to the deltoid insertion, superiorly into the medial supraspinatus fossa and as it intensifies it radiates medially into the CT junction, superiorly into the right paravertebral musculature, and inferiorly into the right interscapular area. She rates the severity of the pain as 3-7 out of 10. Physical examination of the right shoulder revealed arthroscopy scars from prior surgery. There was moderate tenderness in the bicipital groove and lateral tuberosity extending into the supraspinatus fossa. Active range of motion included abduction 100 degrees, anterior flexion 130 degrees, extension 50 degrees, external rotation 70 degrees, and adduction 20 degrees. Drop arm testing demonstrates the rotator cuff to be intact. The plan of care included, and authorization was requested for magnetic resonance imaging (MRI) of the right shoulder. The patient has had MRI of the right shoulder on 11/7/14 that revealed synovitis and no tear. The patient has had history of right shoulder arthroscopy in 2000. The patient had received an unspecified number of PT visits for this injury.

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 Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Shoulder Procedure Summary Online Version last updated 05/04/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 09/08/15) Magnetic resonance imaging (MRI).

Decision rationale: 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)." Any of these indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent right shoulder X-ray report is not specified in the records provided. Per ODG shoulder guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The patient has had a MRI of the right shoulder on 11/7/14 that revealed synovitis and no tear. The patient has had history of right shoulder arthroscopy in 2000. Any changes in physical findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The request for MRI of the right shoulder is not medically necessary or fully established in this patient.