

Case Number:	CM15-0168745		
Date Assigned:	09/09/2015	Date of Injury:	11/17/2006
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65 year old female who sustained an industrial injury on 11-17-2006. Diagnoses include tendinitis of the rotator cuff on the right shoulder with possible tear of the rotator cuff, synovitis of the right shoulder, tendinitis of the left shoulder with synovitis and possible residual impingement syndrome of the right shoulder. A physician progress note dated 08-06-2015 documents the injured worker complains of a painful right shoulder, which is greater than in her left shoulder. Range of motion in both shoulders is equal. She has positive Hawking's test, positive O'Brien's test and positive Speed's test bilaterally. Motor strength is 4-to 5 bilaterally. She has less tenderness to palpation of the anterior, lateral and posterior shoulder girdle of the right shoulder. There is tenderness to palpation of the rotator cuff insertion of the right shoulder. She received a cortisone injection on 06-16-2015 and it relieved her symptoms for a short while. In a physician progress note dated 06-16-2015 documents the injured workers past medical history and review of systems have not changed from 06-26-2014. On 06-16-2015 she received a cortisone injection to her right shoulder. She is not employed. Treatment to date has included diagnostic studies, medications, past physical therapy, status post right shoulder arthroscopy with rotator cuff repair on 06-22-2007, and cortisone injection which helped for a short time. Current medication for pain is Mobic. The Utilization Review done on 08-18-2015 non-certifies the request for a Magnetic Resonance Imaging of the right shoulder. Imaging may be considered if there are limitations due to consistent symptom that have persisted for one month. The injured worker complained of bilateral shoulder pain right more symptomatic than left.

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 Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary 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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear. The ODG states that a 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 indicates that the patient has had prior right shoulder MRI and the physical exam findings do not reveal evidence of a red flag condition or findings suggestive of significant clinical change in pathology. The request for an MRI is not medically necessary.