

Case Number:	CM15-0169024		
Date Assigned:	09/09/2015	Date of Injury:	06/22/1998
Decision Date:	10/16/2015	UR Denial Date:	07/31/2015
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: North Carolina

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 67 year old male sustained an industrial injury to the neck, back, knees and shoulders on 6-22-98. Previous treatment included cervical fusion x 2, lumbar fusion x 3, right shoulder superior labral anterior posterior repair (2005), right shoulder arthroscopy (2007), physical therapy, spinal cord stimulator trial and medications. Right shoulder magnetic resonance imaging (12-14-12) showed intrasubstance tears of the subscapularis and infraspinatus tendons with displaced biceps tendon. X-ray right shoulder (7-8-15) showed very minimal inferior glenohumeral subluxation and mild acromial joint arthrosis with spurring and subchondral changes. In a progress note dated 7-8-15, the injured worker was requesting a referral to a different orthopedist for his ongoing shoulder pain. physical exam was remarkable for bilateral shoulders with tenderness to palpation to the humeral head and supraspinatus tendon with decreased and painful abduction and mildly decreased flexion, extension and range of motion, crepitus bilaterally, mildly decreased muscle strength, intact sensation and positive bilateral Neer's and Hawkin's signs. The physician stated that x-rays done during the office visit showed some osteoarthritis in both shoulders. Current diagnoses included nonunion of fracture, chronic pain, myelopathy, shoulder joint pain, lower leg joint pain and lumbar post laminectomy syndrome. The treatment plan included magnetic resonance imaging arthrogram of both shoulders to determine the extent of shoulder damage before referral to a new orthopedist. On 7-31-15, Utilization Review noncertified a request for right shoulder magnetic resonance imaging arthrogram noting lack of recent attempts at conservative treatment prior to requesting magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Shoulder MRI Arthrogram With and Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: 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 criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. There are no red flags and no new physiologic deficits on exam. The patient has already had previous shoulder surgery and a planned invasive procedure is not documented. Therefore the request is not medically necessary.