

Case Number:	CM15-0169605		
Date Assigned:	09/10/2015	Date of Injury:	12/07/2012
Decision Date:	10/14/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male sustained an industrial injury to the shoulder, low back and neck on 12-7-12. Magnetic resonance imaging lumbar spine (3-12-15) showed L5-S1 right disc protrusion abutting the nerve root and foraminal stenosis at L4-5. Magnetic resonance imaging cervical spine (3-12-15) showed a 1 mm disc bulge at C3-4. Documentation did not disclose magnetic resonance imaging of the shoulder. Previous treatment consisted of medication management. In a PR-2 dated 8-10-15, the injured worker complained of ongoing right shoulder pain with limited range of motion as well as ongoing neck and low back pain. Physical exam was remarkable for tenderness to palpation to the right glenohumeral area with "limited" range of motion to the shoulder, especially on abduction and internal rotation limited range of motion to the back and decreased left ankle jerk. Current diagnoses included lumbar spine radiculopathy, full thickness rotator cuff tear, cervical spine disc prolapse with radiculopathy, rotator cuff syndrome, cervical spine radiculopathy and lumbar disc prolapse. The treatment plan included requesting authorization for right shoulder magnetic resonance imaging and electromyography. On 8-19-15, Utilization Review noncertified a request for right shoulder magnetic resonance imaging noting no changes to previous findings on exam, lack of objective findings suspicious for a labral tear and no indication as to how the results of the magnetic resonance imaging would change the plan of care.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. 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 ODG, Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with ongoing right shoulder pain with limited range of motion as well as ongoing neck and low back pain. The current request is for MRI of the right shoulder. The treating physician states, in a report dated 08/10/15, "He has not had an EMG and furthermore he has not had an MRI of the right shoulder, as he possibly may have rotator cuff tear. I fail to understand why these two tests have not been accomplished prior to any kind of decision to settle the case". (30B) The MTUS guidelines are silent on the issue of MRIs. The ODG guidelines state that Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. A previous MRI was done on 03/12/15 involving only the lumbar region. In this case, the treating physician has reason to believe the patient might have a rotator cuff tear. Under these circumstances, a repeat MRI of the shoulder would be prudent to rule out rotator cuff tearing. The current request is medically necessary.