

Case Number:	CM15-0187073		
Date Assigned:	09/29/2015	Date of Injury:	06/08/2004
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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:

The injured worker is a 66 year old male, who sustained an industrial-work injury on 6-8-04. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder arthroscopy in 2004 with residuals. Medical records dated (3-24-15 to 7-14-15) indicate that the injured worker complains of continued intermittent moderate right shoulder pain especially when he moves the shoulder away from the midline. He reports difficulty raising the arm above the shoulder level and he reports clicking in the shoulder. The medical records also indicate worsening of the activities of daily living due to pain and decreased range of motion of the shoulder. The work status is not noted in the records. The physical exam dated (3-24-15 to 7-14-15) indicates that the exam of the right shoulder reveals tenderness to palpation about the trapezius musculature greater on the right side. There is positive impingement sign. There is restricted range of motion due to complaints of discomfort and pain and there is muscle spasms noted. The physician indicates that would like to request Magnetic Resonance Imaging (MRI) of the right shoulder to better assess the root of the injured worker's complaints. Treatment to date has included pain medication, Cyclobenzaprine, Naproxen, Omeprazole, Voltaren gel, home exercise program (HEP), and other modalities. There are no previous diagnostic reports noted. The request for authorization date was 7-14-1 and requested service included Magnetic Resonance Imaging (MRI) of the right shoulder. The original Utilization review dated 9-9-15 non-certified the request for MRI of the right shoulder.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation 2015 online guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with intermittent moderate right shoulder pain especially when shoulder is moved away from the midline. The current request is for MRI of the right shoulder. The treating physician states, in a report dated 07/14/15, "At this time I would like to request authorization for MRI study of the right shoulder to better assess the root of the patient's complaints." (10B) The MTUS guidelines are silent on the matter of MRIs. ODG guidelines state, "Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Sub acute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician indicates that the patient is status post right shoulder arthroscopy 2004 with residuals. The physician also notes that there is positive impingement sign, decreased right shoulder ROM, clicking of the right shoulder and tenderness to palpation. The treating physician has documented that there has been worsening of pain and the physical examination findings suggest that there could be significant pathology that would warrant an MRI of the right shoulder. The current request is medically necessary.