

Case Number:	CM15-0187269		
Date Assigned:	09/29/2015	Date of Injury:	02/06/2007
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male, who sustained an industrial injury on 02-06-2007. He has reported injury to the neck and right shoulder. The diagnoses have included cervicalgia; adhesive capsulitis of shoulder; and other specified disorders of bursae and tendons in shoulder region. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Ultram, Cymbalta, and Ambien. A progress report from the treating physician, dated 09-02-2015, documented a follow-up visit with the injured worker. The injured worker reported that the right arm has continued with increased loss of range of motion despite aggressive home exercise program; he notes marked pain in the right shoulder; he has had three shoulder surgeries, physical therapy, and home exercise program, and "unfortunately, clearly losing ground"; he continues to use intermittent Ultram; and Cymbalta is effective at controlling his radicular symptoms and chronic pain from the neck and shoulder. Objective findings included at least three visible postoperative scars; there is pain and palpable defect to the distal right clavicle; there is marked tenderness along the course of the short head of the biceps; ranges of motion are decreased; lift-off test is positive; empty can test is markedly positive with inability to fully internally rotate while abducted; markedly positive cross impingement sign with inability to touch his left shoulder with his right hand; positive Hawkins with severe pain; limited range of motion for Neer test; he appears significantly guarded in the cervical spine; range of motion is markedly limited in the cervical spine; decreased sensation in the area of the deltoid extending down to the anterior portion of the proximal arm; muscle strength testing is globally decreased, rated at 4- out of 5; there is

significant tenderness in the left periscapular area; and the upper trap is tender to palpation as well. The provider documented that the injured worker's condition has significantly deteriorated; he needs to see an orthopedic surgeon; and the injured worker will not be accepted without a current MRI. The treatment plan has included the request for MRI of the right shoulder. The original utilization review, dated 09-16-2015, 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: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM 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). ODG states Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute 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. (Mays, 2008) The treating physician documented a trial of conservative treatment in a patient older than 40 and his most recent physical exam noted a positive impingement sign on the right shoulder. As such the request for MRI OF THE RIGHT SHOULDER is/was medically necessary.