

Case Number:	CM15-0188043		
Date Assigned:	09/30/2015	Date of Injury:	02/19/2015
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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

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 33 year old male who sustained an industrial injury on 2-19-15. Medical records dated 8-31-15 shows the injured worker reported "no new complaints or injuries...no pain to his cervical spine." A review of the medical records indicates that the injured worker is undergoing treatments for neck pain. Provider documentation dated 8-31-15 noted the work status as regular duty. Treatment has included cervical spine magnetic resonance imaging, non-steroidal anti-inflammatory drugs, oral steroids, and radiographic studies. Objective findings dated 8-31-15 were notable for "mild difficulty transferring from the chair to standing and from standing to the exam table." Tenderness to palpation at the right lateral neck and over the distal clavicle. The original utilization review (9-10-15) denied a request for Right Shoulder 3T MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder 3T MRI: Overturned

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 (Acute & Chronic) Chapter, under Magnetic resonance imaging.

Decision rationale: Based on the 8/27/15 progress report provided by the treating physician, this patient presents with cervical spine pain rated 4/10 on VAS scale and intermittent right shoulder pain rated 6/10 on VAS scale dependent on the amount of use. The treater has asked for RIGHT SHOULDER 3T MRI on 8/27/15. The patient's diagnoses per request for authorization dated 9/3/15 are right shoulder rotator cuff tendinitis, r/o rot cuff tear/slap lesion. The patient has had X-rays and lumbar MRI per 8/27/15 report. The patient is s/p pain medications, NSAIDs, and physical therapy per 8/27/15 report. The patient has no changes to his condition with no new complaints/injuries per 6/8/15 report. The patient's work status is temporarily totally disabled but is currently working regular duties as of 8/27/15 report. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 208: Routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) 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)" Review of the reports do not show any evidence of any shoulder MRIs being done in the past. The patient has a diagnosis of right shoulder rotator cuff tendinitis, r/o rotator cuff slap tear/lesion, and physical exam that shows positive O'Brien's test, positive Hawkins/Neer impingement signs, weakness of rotator cuff, positive Jobe's test, The utilization review letter dated 9/11/15 denies request due to lack of documentation of a red flag, stating this patient does have some pain but there is lack of any other findings there is no indication of rotator cuff tear or any need for clarification of the anatomy. However, the patient has persistent pain with deficits of the right shoulder. As the patient has no history of a prior MRI, imaging for further evaluation appears reasonable in this case. Therefore, the request IS medically necessary.