

Case Number:	CM15-0189140		
Date Assigned:	10/01/2015	Date of Injury:	09/10/2014
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 59 year old male, who sustained an industrial injury on 09-10-2014. He has reported subsequent low back and bilateral shoulder pain and was diagnosed with lumbar and bilateral shoulder strain. MRI of the right shoulder on 02-02-2015 showed full thickness tear of the supraspinatus, subscapularis, infraspinatus with partial tear of the teres minor, significant atrophy of all rotator cuff muscles, moderate arthrosis of the acromioclavicular joint, dislocated biceps tendon and likely tear of the superior labrum. Treatment to date has included medication and one physical therapy evaluation which were noted to have failed to significantly relieve the pain. Work status was documented as off work. In primary treating physician' initial evaluation report on 05-14-2015, the injured worker reported numbness of the bilateral upper extremities, tingling in the bilateral shoulders and arms, neck pain, low back pain and bilateral shoulder pain. Objective findings revealed diffuse lumbar and bilateral shoulder tenderness and decreased range of motion of the right shoulder. The physician recommended physiotherapy, lumbar and left shoulder MRI's due to prolonged complaints, upper extremity electrodiagnostic studies due to prolonged upper extremity neuroradicular complaints and x-rays of the lumbar spine, pelvis, right shoulder and left shoulder since they had not been done sufficiently recently. In a 06-30-2015 progress note, the injured worker reported intermittent low back and right shoulder pain. Objective findings showed 2+ tenderness of the lumbar paraspinal muscles and right shoulder. The physician indicated that the injured worker had no physical therapy since his initial evaluation on 05-14-2015 and that therapy helped to manage pain and increase mobility. In a progress note dated 08-04-2015, the injured worker reported low back and bilateral shoulder

pain. There were no abnormal objective examination findings documented. The physician noted that light touch, sensation of the right anterior thigh, right lateral calf and right lateral ankle were all intact. The treatment plan included electromyography of the upper extremity, MRI's of the lumbar spine and shoulders, x-rays of the lumbar spine and shoulders, pain medication and 12 visits of physical therapy for the lumbar spine and shoulders. A request for authorization of MRI of the right shoulder was submitted. As per the 08-25-2015 utilization review, the request for MRI of the right shoulder was non-certified.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The 59 year old patient complains of lower back pain and right shoulder/arm pain, as per progress report dated 08/04/15. The request is for MRI of the right shoulder. The RFA for this case is dated 08/04/15, and the patient's date of injury is 09/10/14. Diagnoses, as per progress report dated 08/04/15, included lumbar spine strain, right shoulder strain, and left shoulder strain. The patient is not working, as per the same progress report. ACOEM Guidelines, Shoulder complaints 2004, Chapter 9, Special Studies section, pages 207 and 208 state: 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) state: "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)" In this case, a request for right shoulder MRI is associated with progress report dated 08/04/15. As per the report, the patient states that he did not receive a right shoulder MRI. A review of the available reports, however, indicates that the patient did get an MRI for the right shoulder on 02/02/15. The diagnostic study revealed full-thickness tear of the supraspinatus, subscapularis and infraspinatus; partial tear of the teres minor; significant atrophy of all rotator cuff muscles; moderate arthrosis of the AC joint; dislocated biceps tendon; and likely tear of the superior labrum. It is not clear why the treater is requesting for a repeat MRI. The patient is not post-op, and there are no red flags or new injuries to warrant a repeat study. Hence, the request is not medically necessary.