

Case Number:	CM15-0194174		
Date Assigned:	10/08/2015	Date of Injury:	04/20/2012
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 50 year old male who sustained an industrial injury on 04-20-2012. Treatment to date has included medications and chiropractic care. On 03-26-2014, MRI of the right shoulder demonstrated no full-thickness tear of rotator cuff, supraspinatus tendinopathy, AC joint arthropathy and subacromial bursitis. According to a comprehensive pain management consultation dated 08-12-2015, the injured worker reported neck pain that occasionally radiated down to his right shoulder. He reported that the majority of his pain was in his neck. He also reported lower back pain that radiated to his left buttock, numbness in both feet and pain in the right shoulder with any type of overhead activity. Examination of the right shoulder demonstrated tenderness to palpation along the shoulder joint line. Range of motion was decreased in the right shoulder with flexion, extension, abduction, adduction, internal rotation and external rotation. Assessment included cervical disc herniation with myoligamentous injury, lumbar disc herniation with bilateral lower extremity radiculopathy, right shoulder internal derangement and medication induced gastritis. The treatment plan included Anaprox, Prilosec, MRI of the cervical and lumbar spine and continuation of chiropractic treatment with physical therapy modalities. According to a partially legible handwritten progress report dated 08-26-2015, the injured worker completed right shoulder PT with little to no benefit. He had pain with increased lifting, overhead use and internal rotation. He also reported low back pain. Objective findings included positive shoulder impingement, tenderness to palpation, positive straight leg raise and positive Kemps. The treatment plan included right shoulder MRI. Work status included modifications. An authorization request dated 08-26-2015 was submitted for review. The requested services included MRI of the right shoulder. On 09-04-2015, Utilization Review 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging.

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

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, there was record of right shoulder complains and previous MRI studies of the right shoulder (03-26-2014) which demonstrated no full-thickness tear of rotator cuff, supraspinatus tendinopathy, AC joint arthropathy and subacromial bursitis. No evidence from subjective complaints or physical examination findings was suggestive of any significant change in the right shoulder pathology, although there was persistence in symptoms regardless of previous treatments. Therefore, without a more clear indication for repeat MRI of the right shoulder, this request is not medically necessary at this time.