

Case Number:	CM15-0199547		
Date Assigned:	10/14/2015	Date of Injury:	04/17/2013
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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:

This is a 61-year-old male who sustained a work-related injury on 4-17-13. Medical record documentation on 9-15-15 revealed the injured worker was being treated for chronic left wrist and base of thumb pain, right shoulder pain status post surgical repair in 2008 and left wrist ganglion cyst removal in 2013. On 9-15-15, he was being evaluated for left hand and right shoulder pain. He reported that he is doing well with over-the-counter ibuprofen. The ibuprofen helps the pain in the shoulder and allowed him to be active. Objective findings included some tenderness over the right wrist and at the base of the thumb. His right shoulder range of motion was decreased in external rotation and internal rotation. He had abduction to approximately 150 degrees and flexion to 170 degrees. The therapy plan included MRI of the right shoulder and a trial of six sessions of acupuncture therapy for the left hand. A request for one magnetic resonance imaging of the right shoulder was received on 9-24-15. On 9-30-15, the Utilization Review physician determined one magnetic resonance imaging of the right shoulder was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic resonance imaging of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Shoulder, MRI.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for 1 Magnetic resonance imaging of the right shoulder. The treating physician report dated 9/15/15 (6B) states, "I would like to request MRI of the right shoulder so we can move the case forward." The report dated 8/18/15 (7B) states, "updated MRI of the right shoulder has been denied." The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding MRI's of the shoulder: "Recommended as indicated below". 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." In this case, the patient has received a previous MRI of the right shoulder and there is no evidence in the documents provided that suggests the patient has had a significant change in symptoms. The ODG guidelines only recommend a repeat MRI if the patient is experiencing a significant change in symptoms that is corroborated by findings during examination. The current request does not satisfy the ODG guidelines as outlined in the "Shoulder" chapter. The current request is not medically necessary.