

Case Number:	CM15-0199676		
Date Assigned:	10/15/2015	Date of Injury:	04/10/2015
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old male, who sustained an industrial injury on 4-10-2015. The injured worker is undergoing treatment for right shoulder adhesive capsulitis and possible rotator cuff tear. Medical records dated 7-16-2015, 8-31-2015 indicate the injured worker complains of "severe" right shoulder pain. Physical exam dated 7-16-2015 notes right shoulder weakness, decreased range of motion (ROM) crepitus and positive impingement. Treatment to date has included cortisone injection on 5/27/15 which resulted in temporary relief, naproxen and Prilosec. The treating physician on 8-3-2015 does indicate the injured worker is claustrophobic. X-ray of the right shoulder dated 5/27/15 was reported normal. The original utilization review dated 9-9-2015 indicates the request for open magnetic resonance imaging (MRI) of right shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of right shoulder: Overturned

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

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

Decision rationale: Open MRI of right shoulder is medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the 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 Reynaud'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). The ODG states that criteria for a shoulder MRI are 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. The documentation indicates that the patient has normal plain radiographs of the right shoulder and is over 40 years old. The physical exam reveals a positive impingement sign and a positive apprehension test with reduced range of motion. The patient has gone through physical therapy and a cortisone injection in the shoulder with persistent symptoms. An open MRI would be appropriate in a patient with claustrophobia. The documentation reveals that the patient has met the MTUS and ODG guidelines therefore the request for an open MRI of the right shoulder is medically necessary.