

Case Number:	CM15-0209841		
Date Assigned:	10/28/2015	Date of Injury:	02/21/2013
Decision Date:	12/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/26/2015

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:

The injured worker is a 57 year old female who sustained an industrial injury on 2-21-13. A review of the medical records indicates she is undergoing treatment for status post C3-C7 cervical hybrid reconstruction with C3-4 CTDR, C4-7 ACDF, cervicalgia, lumbar discopathy, carpal tunnel - double crush syndrome, right shoulder impingement syndrome with partial rotator cuff tear, rule out internal derangement of bilateral hips, and right foot and ankle sprain with Achilles tendinitis and plantar fasciitis. Medical records (9-21-15) indicate complaints of intermittent neck pain with associated headaches, as well as tension between the shoulder blades, rating "5 out of 10", frequent right shoulder pain, rating "6 out of 10", intermittent right wrist pain, rating "3 out of 10", intermittent right hip pain, rating "3 out of 10", and constant pain in the right ankle and foot, rating "8 out of 10". The physical exam reveals the right shoulder exam as tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. The treating provider indicates that the rotator cuff function is "intact albeit painful". Symptoms are produced with internal rotation and forward flexion of the shoulder. No "apparent" swelling is noted. Examination of the cervical spine, right upper extremity, right wrist, right hip, and right ankle and foot were also conducted. The injured worker received Toradol and Vitamin B12 injections during the visit. She is noted to be working "full duty". The utilization review (9-28-15) includes a request for authorization of a right shoulder MRI. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (20th annual edition) 2015, Shoulder, Chapter - MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 9, Page 207-208, Shoulder Complaints.

Decision rationale: The patient presents with cervical spine, right shoulder, right wrist, right hip, and right ankle pain. The current request is for Right Shoulder MRI. The report making the request was not made available. However, the progress report dated 09/21/2015 notes, there is frequent right shoulder pain that is aggravated by forward reaching, lifting, pushing, pulling, and working at or above the shoulder level. The pain is characterized as throbbing. There is tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Rotator cuff function appears intact albeit painful. Range of motion: There is reproducible symptomatology with internal rotation and forward flexion. Stability: There is no clinical evidence of instability on exam. Skin: Warm and dry with normal color and turgor. CV: There is no apparent swelling. The ACOEM Guidelines Chapter 9 on Shoulder complaints page 207 to 208 the primary criteria for ordering imaging studies include: 1. emergence of red flags; 2. physiologic evidence of tissue insult; 3. failure to progress in strengthening program; and 4. clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Medical records show that the patient had an MRI of the right shoulder in 2013 (23B) that showed evidence of anterior capsulitis and sprain with fluid in the subscapularis bursa, arthrosis of the acromioclavicular joint and a supraspinatus tendon tear with an articular surface tear that was partial with the SLAP tear and bicipital tenosynovitis. In this case, the patient's recent examination shows significant symptoms in the right shoulder. Given that the patient's last right shoulder MRI was from 2013, an updated MRI is appropriate given her symptoms. The current request is medically necessary.