

Case Number:	CM15-0214265		
Date Assigned:	11/04/2015	Date of Injury:	06/03/2009
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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 65-year-old female who sustained an industrial injury on 06-03-2009. Medical records (07-30-2015) indicated the worker was treated for status post fall right shoulder impingement syndrome and bursitis; prior cervical surgery with right upper extremity radiculopathy; status post right shoulder arthroscopy and subacromial decompression. She was progressing with physical therapy and an additional 12 sessions were requested. In the provider notes of 09-10-2015, the worker presents after having a MRI and x-ray of the cervical spine. On exam, the worker had 5 out of 5 strength in the muscles of the upper arm, and 4 out of 5 strength in grip and hand intrinsics. Sensation was decreased to light touch and pinprick in the bilateral ulnar distribution. She had tenderness to palpation over her neck and a well-healed anterior cervical incision. She had shoulder pain from recent surgery and has limited range of motion. At the neurology exam (09-10-2015), the provider notes reflect that she had "no abnormality associated with the neck which caused her shoulder problems". The MRI of the cervical spine (09-02-2015) demonstrated postoperative changes related to C5-C6 level. At the C4-5 level disc desiccation is noted however, there is no significant cord compression. She continues with right shoulder difficulties. She was encouraged to see an orthopedic specialist. A request for authorization was submitted for MRI (Magnetic Resonance Imaging) of the right shoulder. A utilization review decision 10-21-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

Decision rationale: ODG Shoulder Chapter, states that magnetic resonance imaging (MRI) and arthrography have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI, best defines larger tears and partial-thickness tears. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. In regard to the request for a MRI of this patient's right shoulder, this patient does not meet guideline criteria. Per progress note dated 10/08/15, the provider includes the following rationale for the requested imaging: "I am going to recommend right shoulder MRI with 3.0 Tesla scanner to assure her that there has been no tear in her rotator cuff as she does not have one prior to surgery and during surgery." The 10/08/15 progress note indicates subjective complaints of residual pain in the joint and unremarkable physical examination findings, with no "red flags", no significant changes in symptoms, and no findings indicative of significant pathology in the right shoulder. There appears to be some conflict regarding whether or not this patient's health care providers require such imaging, per progress note dated 09/28/15: "... I also agree that the patient does not need an MRI of the right shoulder, per [REDACTED]..." It is not clear why the provider would request an MRI of the shoulder if it is agreed that such imaging is necessary. Official disability guidelines do not support MRI imaging simply to assure the patient that she does not have any residual tears. Without evidence of significant pathology or a decline in this patient's condition since surgery, or evidence of re-injury to the joint, the requested imaging cannot be substantiated. Therefore, the request is not medically necessary.