

Case Number:	CM15-0218593		
Date Assigned:	11/10/2015	Date of Injury:	09/26/2014
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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 58 year old female with an industrial injury dated 09-26-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post right carpal tunnel release on 04-14-2015 and tendinopathy-calcific tendinitis of right shoulder. According to the progress notes dated 10-01-2015 and 10-22-2015, the injured worker reported right shoulder pain. Pain level was 8 out of 10 on a visual analog scale (VAS). Objective findings for the right shoulder (10-01-2015, 10-22-2015) revealed diffuse right shoulder tenderness and improved range of motion. Treatment has included prescribed medications, injection, activity modification, failed recent physical therapy, shockwave therapy sessions, home exercise program and periodic follow up visits. The injured worker is on temporary partial disability. The treating physician prescribed services for an updated Magnetic Resonance Imaging (MRI) to determine additional options for treatment other than shockwave therapy. There was no radiographic imaging reports included for review. The utilization review dated 10-23-2015, non-certified the request for MRI Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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: The patient presents on 10/22/15 with right shoulder pain rated 8/10. The patient's date of injury is 09/26/14. The request is for MRI right shoulder. The RFA was not provided. Physical examination dated 10/22/15 reveals a well healed incision on the right wrist, diffuse tenderness to palpation of the right shoulder with range of motion on flexion of the right shoulder to be 120 degrees, abduction 110 degrees, and internal/external rotation 80 degrees. The patient is currently prescribed Duloxetine, Flexeril, and an unspecified NSAID. Patient is currently classified as temporarily totally disabled. ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly 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 larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. 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. 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 regard to the request for a repeat MRI of the right shoulder, this patient does not meet guideline criteria. Progress report dated 10/01/15 has the following rationale for the requested imaging: "Most recent MRI greater than one year old, outdated. MRI to determine additional options other than shockwave at this time." While the provider feels as though an MRI would improve the understanding of this patient's shoulder complaint, repeat imaging is reserved for a significant change in symptoms or findings consistent with a significant pathology. In this case, the patient presents with chronic right shoulder pain and has already undergone had MRI imaging of the affected joint. Without evidence of a significant change in this patient's presentation, re-injury, or progressive neurological/functional deficits, repeat imaging cannot be substantiated. Therefore, the request is not medically necessary.