

Case Number:	CM15-0224487		
Date Assigned:	11/20/2015	Date of Injury:	02/23/2000
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained an industrial injury on February 23, 2000. The worker is being treated for: cervical spine radiculopathy, lumbar spine HNP, right shoulder pain and depression. Subjective: April 2015 at follow up he reported complaint of neck and low back pain unchanged. July 2015 he reported the injections helped for about one week with pain noted improved by 60 to 80 %. August 2015 follow up he reported TPIs helped for 10 days for about 40% improved pain. Diagnostic: August 19, 2013 MRI right shoulder. Medication: April 2015, May 2015, July 2015, August 2015, September 2015: Omeprazole, Ibuprofen and Gabapentin. Treatment: activity modification, medication, May 2015 noted POC with request for TPIs right upper trapezius. September POC noted requesting PT sessions 12. On October 26, 2015 a request was made for MRI of upper extremity without contrast dye that was non-certified by Utilization Review on November 10, 2015.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant has a remote history of a work injury in February 2000 and is being treated for neck, low back, and right shoulder and arm pain. An MRI of the right shoulder in August 2013 included findings of tendinosis with a normal appearing labrum. When seen in July 2015 he had right shoulder pain rated at 6/10. There was right upper trapezius tenderness. In September 2015 he had right shoulder pain rated at 3/10 and right arm pain rated at 7/10. There was cervical and upper trapezius tenderness with spasms. There was supraspinatus tenderness. Physical therapy and a shoulder MRI were requested. MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial-and full-thickness rotator cuff tears. An MRI of the shoulder can be recommended in a patient with subacute shoulder pain when instability or a labral tear is suspected. 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, there is no acute injury and none of the applicable criteria for a chronic injury are fulfilled. The claimant was referred for physical therapy and had not undergone conservative treatments which, in combination with an ongoing home exercise program, would be expected to improve his condition. Physical examination findings are consistent with the prior MRI scan result in August 2015. The requested repeat MRI scan is not considered medically necessary.