

Case Number:	CM15-0030852		
Date Assigned:	02/24/2015	Date of Injury:	08/15/2013
Decision Date:	04/03/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 65 year old male, who sustained an industrial injury, August 16, 2013. According to progress note of January 5, 2015, the injured workers chief complaint was right shoulder pain with limited range of motion. The injured worker rated the pain 6-9 out of 10; 0 being no pain and 10 being the worse pain. The physical examination noted tenderness to the bilateral shoulders. The abduction of the right upper extremity was limited to 90 degrees do to pain. The Hawkin's and Neer tests were positive. The injured worker had surgery on the right shoulder on June 18, 2014 and MRI of the left shoulder on July 22, 2014. The injured worker was diagnosed with bilateral chronic shoulder pain/strain, right shoulder adhesive capsulitis, synovitis, subacromial impingement, partial thickness rotator cuff tear, AC joint arthritis, biceps tendinopathy and instability. The injured worker previously received the following treatments right shoulder surgery on June 18, 2014, physical therapy, left shoulder MRI July 22, 2014. On January 29, 2015, the primary treating physician requested authorization for cervical MRI without contrast. On February 13, 2015, the Utilization Review denied authorization for MRI of joint upper extremity without dye. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upper extremities w/o dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging.

Decision rationale: ACOEM states "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 Raynaud'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)." ODG states "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. (Mays, 2008)". The treating physician has not provided documentation to meet the above criteria at this time. In addition the treating physician has not detailed why a repeat MRI is needed at this time. Guidelines recommend against repeat MRI unless there is a new injury, re-injury, or evidence of red flags. As such the request for MRI joint upper extremities w/o dye is/was not medically necessary.