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| Case Number: | CM15-0031734 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 08/30/2012 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/28/2015 |
| 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: California

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 male patient, who sustained an industrial injury on 08/30/2012. A primary treating office visit dated 12/30/2014 reported subjective complaint of "the patient is basically the same" and objective findings showed Tinel's with negative results. Shoulder with full range of motion and negative impingement signs. Triceps strength is found at 3/5 and he is diagnosed with cervical spondylosis without myelopathy. A progress report dated January 12, 2015 indicates that the patient complains of ongoing pain in multiple areas including the right shoulder. Physical examination reveals severely reduced range of motion in the right shoulder with tenderness to palpation and Positive supraspinatus test, Yegeson's test, and crossed arm adduction test. The patient also has reduced strength in the right shoulder. Diagnoses include right shoulder rotator cuff injury. The treatment plan recommends conservative management of the neck and upper extremity. An MRI of the right shoulder is requested. A request was made for a magnetic resonance imaging of right shoulder. On 01/28/2015, Utilization Review, non-certified the request, noting the CA MTUS, ACOEM, Chapter 9 pages 207-209 were cited. On 02/19/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment options. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.