

Case Number:	CM15-0032474		
Date Assigned:	02/25/2015	Date of Injury:	03/03/2008
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 41 year old, female patient, who sustained an industrial injury on 03/03/2008. An orthopedic follow up visit dated 01/29/2015, reported subjective complaint of urinary incontinence, shoulder, neck and lower back pains. Physical examination of the right shoulder revealed right shoulder impingement and limited range of motion and negative Hoffman's sign. A detailed physical examination of the right shoulder was not specified in the records provided. Objective findings showed no new motor or sensory deficits. She has a right shoulder impingement. The assessment noted industrial injury; possible non-industrial component; right shoulder impingement, probably industrial and cervical or lumbar myelopathy, rule out causation. The plan of care involved obtaining a magnetic resonance imaging of neck and back. The patient is not yet deemed permanent and stationary and requires further orthopedic care. She is temporary totally disabled. Follow up in one month. The medication list include Tylenol#3. She has had MRIs on 12/17/2011 that revealed lumbar and cervical spine disc herniation. Patient has received an unspecified number of chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/03/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI Arthrogram. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." 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)." Any of these indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. A detailed physical examination of the right shoulder was not specified in the records provided. Objective findings showed no new motor or sensory deficits. Patient has received an unspecified number of chiropractic visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent shoulder X-ray report is not specified in the records provided. The medical necessity of the request for MRI Arthrogram is not fully established in this patient.