MAXIMUS Federal Services

Case Number:	CM15-0033263		
Date Assigned:	02/26/2015	Date of Injury:	01/19/2011
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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 68 year old male, who sustained an industrial injury on 1/19/2011. He has reported injury to the left shoulder resulting in a left rotator cuff repair. The diagnoses have included spine sprain/strain, rule out radiculopathy, herniated lumbar disc, and bilateral shoulder sprain/strain. Treatment to date has included medication therapy, physical therapy and chiropractic treatments. Currently, the Injured Worker complains of pain in the neck that radiates to bilateral shoulder, arms, and hands as well as mid and low back pain. On 1/20/15 the physical examination documented muscle tightness and spasms in cervical spine and trapezius areas with decreased Range of Motion (ROM). The left shoulder was documented to have a positive impingement test, tenderness and decreased Range of Motion (ROM). The right and left wrists were tender to touch with positive Phalen's and Tinel's tests. The provider documented there was pending authorization for steroid injections to bilateral wrists. The plan of are included ultrasound guided cortisone injection to right and left shoulders and wrists, acupuncture treatments, a psychology evaluation, and additional Magnetic Resonance Imaging (MRI) to cervical spine, bilateral shoulders and wrists. On 2/2/2015 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) of the left shoulder with arthrogram, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) of the left shoulder with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder with arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Shoulder chapter (Acute and Chronic).

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, MR arthrogram.

Decision rationale: With regard to the request for MR arthrogram of the shoulder, the ACOEM Chapter 9 has general guidelines for when special studies and imaging should be sought. The ODG have more specific guidelines regarding MR arthrogram of the shoulder and state that this study can be very sensitive for detection of labral pathology. In the case of this injured worker, the worker has previously undergone left arthroscopic subacromial decompression and rotator cuff repeat in 9/2011. The submitted documentation fail to document a rationale for MRI of the shoulder with arthrogram, such as suspected labral pathology. Furthermore, a cortisone injection is being requested simultaneously, and if the patient had a good outcome to this, this would obviate the need for MRI. Although the patient continues with persistent shoulder pain, there is no indication specifically of an acute change in pathology which would warrant imaging at this juncture. This request is not medically necessary.