

Case Number:	CM15-0049309		
Date Assigned:	03/23/2015	Date of Injury:	01/19/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 1/19/11. The injured worker has complaints of moderate pain to neck radiating into shoulders, arms and hands. He also has complaints in his mid back and lower back region. The diagnoses have included spine sprain/strain, rule-out radiculopathy/radiculitis, herniated lumbar disc and both shoulders sprain/strain. Treatment to date has included physical therapy, acupuncture and Magnetic Resonance Imaging (MRI) of the right wrist, left wrist, cervical spine and of the right shoulder on February 2015. The requested treatment is for Magnetic Resonance Imaging (MRI) of the right shoulder.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents with pain affecting the cervical spine and right shoulder. The current request is for MRI of the right shoulder without contrast. The treating physician states, "Request authorization MRI scan of the right shoulder to rule out rotator cuff pathology, tendonitis, or internal derangement." (28B) The patient had a right shoulder MRI done on 2/25/15, which showed a tear of the supraspinatus tendon. The patient also had a right shoulder MRI done on 11/17/11. (53C) The ODG guidelines support shoulder MRIs if the patient has "Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. 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, the treating physician has documented that they would like to rule out a rotator cuff tear and the patient is over the age of 40 but the patient has not had any significant change in symptoms since the last MRI. The current request is not medically necessary and the recommendation is for denial.