

Case Number:	CM15-0049442		
Date Assigned:	03/23/2015	Date of Injury:	06/08/2004
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
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

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 66 year old male, who sustained an industrial injury on 6/8/2004. He reported injury to the right shoulder and lower back. The injured worker was diagnosed as status post right shoulder arthroscopy (2004), lumbar discopathy and lumbar radiculopathy. There is no record of recent diagnostic studies. Treatment to date has included surgery, physical therapy and medication management. Currently, the injured worker complains of right shoulder and low back pain. In a progress note dated 2/3/2015, the treating physician is requesting right shoulder magnetic resonance imaging.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, MRI.

Decision rationale: The patient was injured on 06/08/04 and presents with moderate right shoulder pain and low back pain. The request is for a MRI of the right shoulder to assess his current condition. The RFA is dated 12/09/14 and the patient's work status is unknown. The utilization review denial letter indicates that the patient had a MRI of the right shoulder prior to this request. Neither the date of this MRI nor the results of this MRI are provided. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continues to state that the primary criteria for ordering imaging studies include: 1. Emergency red flags. 2. Physiologic evidence of tissue insult. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to an invasive procedure. The ODG Guidelines under shoulder chapter support MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. The patient has tenderness to palpation about the trapezius musculature greater on the right and muscle spasms. There is a positive impingement sign and a restricted range of motion. He is diagnosed with status post right shoulder arthroscopy (2004), lumbar discopathy, and lumbar radiculopathy. The reason for the updated MRI is not provided. However, the patient had shoulder surgery in 2004, with persistent symptoms. There is no evidence in the records that the patient had post-operative MRI. The ODG guidelines do support post-operative MRI's for persistent symptoms. The request is medically necessary.