MAXIMUS Federal Services

Case Number:	CM15-0057869		
Date Assigned:	04/02/2015	Date of Injury:	01/12/2012
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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 38 year old male, who sustained an industrial injury on 1/12/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having carpal tunnel syndrome in bilateral wrists and right shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included steroid injections, physical therapy and medication management. In a progress note dated 2/25/2015, the injured worker complains of pain and numbness in the left hand, low back and a tender right shoulder. 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 9-6.

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 presents with pain and weakness in his shoulder and upper extremity. The request is for MRI of the Right Shoulder. NCV study from 02/14/12 reveals severe right carpal tunnel and moderate to severe left carpal tunnel syndrome. The patient is s/p right carpal tunnel release and the date of the surgery is not provided. The patient has had a previous MRI of the right shoulder on 03/30/12, showing no tear of the rotator cuff and subchondral cyst formation on the superolateral aspect of the right humeral head. The patient is currently working with full duty. Per 02/25/15 progress report, examination shows tenderness over the anterior aspect of the right shoulder and positive impingement/ abduction sign. Forward flexion of right shoulder is 160 degrees and abduction of right shoulder is 150 degrees. MTUS does not discuss MRI's. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. ODG guidelines, http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol, do not support it unless there is a suspicion for internal derangement.In this case, the treater wants to update "MRI of the right shoulder to determine the cause of his ongoing symptoms". The patient already had an MRI of right shoulder in 2012, revealing "no tear of the rotator cuff." The current diagnosis is right rotator cuff syndrome and the patient has persistent right shoulder pain for which the treater would like an updated MRI. There is no support in the guidelines that the patients with chronic pain require periodic updates of MRI's unless there has been a significant change in clinical presentation, new injury, progressive neurologic deficits or red flags. Post-operative evaluation is also allowed. This patient does not present with any changes to warrant an updated MRI. The request is not medically necessary.