

Case Number:	CM15-0060612		
Date Assigned:	04/06/2015	Date of Injury:	11/22/2010
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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 51 year old female, who sustained an industrial injury on November 22, 2010. Work restrictions for the right shoulder were noted. The injured worker was diagnosed as having right shoulder SIS. Treatment to date has included debridement of the right shoulder. No current complaints were noted. The injured worker reported an industrial injury in 2010. Evaluation in March, 2015, revealed an extensive right shoulder debridement. Magnetic resonance imaging of the right shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast of the Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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 11/22/10 and presents with right shoulder pain. The request is for a MRI WITHOUT CONTRAST RIGHT SHOULDER. The utilization review denial letter rationale is that there was no recent clinical documentation submitted for review to include a physical exam of the patient with subjective and objective findings. There is no RFA provided and the patient is released to modified work on 03/05/15. Review of the reports provided does not indicate if the patient had a prior MRI of the right shoulder. 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 is diagnosed with right shoulder SIS. No other positive exam findings are provided. There is no indication of any recent surgery the patient may have had. The patient has not yet had a MRI of the right shoulder and is diagnosed with right shoulder impingement syndrome. Given that the injury is from 2010 and the patient continues to have right shoulder pain, a MRI appears reasonable and is supported by guidelines. The requested MRI of the right shoulder IS medically necessary.