

Case Number:	CM15-0060784		
Date Assigned:	04/07/2015	Date of Injury:	09/05/2014
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

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

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 36 year old male with an industrial injury dated September 5, 2014. The injured worker diagnoses include thoracic spine fracture, rib fracture, myofascial pain syndrome, thoracic spine stenosis, thoracic sprain/strain and lumbosacral sprain/strain injury. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. There is a date of service report 1/6/15 of an MRI of the right shoulder revealing rotator cuff tendinosis, degeneration of the anterior-inferior labrum, and moderate acromioclavicular arthrosis. According to the progress note dated 03/12/2015, the injured worker reported moderate constant pain in the right shoulder and in lower and thoracic back, bilaterally. Objective findings revealed thoracic spasm, tenderness, myofascial trigger points, and decreased shoulder range of motion, and motor strength 5-/5. The treating physician prescribed services for MRI right shoulder now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder -Magnetic resonance imaging (MRI).

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The ODG states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had a right shoulder MRI in January of 2015. There are no significant red flag findings or evidence of significant change in symptoms to warrant a repeat MRI 2 months after his last MRI. The request for a right shoulder MRI is not medically necessary.