

Case Number:	CM15-0061826		
Date Assigned:	04/07/2015	Date of Injury:	12/04/2013
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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 42 year old female, who sustained an industrial injury on December 4, 2013. She reported a large heavy sack fell and hit her over the right upper back, neck and shoulder region. The injured worker was diagnosed as having cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement and wrist tendinitis/ bursitis. Treatment to date has included diagnostic studies, physical therapy and medications. On February 2, 2015, the injured worker complained of neck and lower back pain radiating into the upper and lower extremities with numbness and weakness. This was noted to be worse in the right upper extremity and shoulder with deltoid weakness. She continues to have pain over the right trapezius muscle. The treatment plan included diagnostic studies and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right shoulder without intra-articular contrast:
Overturned

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

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 (magnetic resonance imaging) of the right shoulder without intra-articular contrast is 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 Reynaud'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 criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; 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 is over 40, has had shoulder radiographs and PT for her shoulder and continues to have pain and weakness. There is are positive impingement signs on exam and there is physiologic evidence of tissue dysfunction with deltoid weakness on the right. The patient also has cervical pain and it is unclear whether this is referred pain from the cervical region or internal derangement in the shoulder and the provider is attempting to see whether she is a surgical candidate for her shoulder. The request for an MRI of the right shoulder is medically necessary.