

Case Number:	CM15-0063944		
Date Assigned:	04/09/2015	Date of Injury:	10/02/2011
Decision Date:	09/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old male with an industrial injury dated 10-02-2011. The injured worker's diagnoses include cervical spine sprain and strain, lumbar spine sprain and strain, lumbar radiculopathy and right shoulders sprain and strain. Treatment consisted of MRI of bilateral shoulder dated 08-22-2013, laboratory studies, prescribed medications, and periodic follow up visits. In a progress note dated 12-23-2014, the injured worker reported constant neck pain, constant low back pain with radiation to bilateral lower extremities with associated numbness and tingling and constant right shoulder pain. The injured worker rated pain a 4 out of 10. Right shoulder exam revealed tenderness and spasms over the trapezius muscle on the right side. Treatment plan consisted of diagnostic studies, medication management, home exercise therapy and follow up appointment. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of 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 of right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Treatment Integrated Treatment/Disability Guidelines

Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI) Online Version Updated 02/27/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; right shoulder sprain strain; and lumbar radiculopathy. The date of injury is October 2, 2011. The request for authorization is March 18, 2015. The documentation shows the injured worker had an MRI of the right shoulder in 2012. The MRI result is stated as a complete tear of the supraspinatus tendon. A repeat MRI was performed August 23, 2013 of the right shoulder. The impression showed a moderate to severe tendinosis/tendinitis of the supraspinatus tendon. According to a February 10, 2015 progress note, the requesting provider did not provide subjective or objective clinical findings, but requested an MRI of the right shoulder. There is no clinical indication or rationale to repeat the right shoulder MRI in the absence of objective clinical findings. 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 does not reflect a significant change in clinical symptoms and or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with a significant change in clinical symptoms and or objective findings suggestive of significant pathology and clinical documentation of a physical examination of the affected shoulder, (repeat) MRI right shoulder is not medically necessary.