

Case Number:	CM15-0084322		
Date Assigned:	05/06/2015	Date of Injury:	05/10/2010
Decision Date:	06/05/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62-year-old female, who sustained an industrial injury on May 10, 2010. She reported neck, right shoulder, back, and right knee injuries. The injured worker was diagnosed as having status post right rotator cuff repair. On February 13, 2014, an MRI of the right shoulder revealed a full-thickness rotator cuff tear supraspinatus tendon 1.2cm medial to lateral dimensions with associated mild arthrosis of the acromioclavicular joint, intact biceps labral complex and inferior glenohumeral ligament labral complex, and mild anterior and posterior spurring of the glenoid fossa. On September 9, 2014, she underwent a rotator cuff repair. Treatment to date has included work modifications, physical therapy, exercise, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 23, 2015, the injured worker complains of shoulder pain and stiffness. She reports feeling that there is improvement. She takes her pain medication 2-3 times a day. The physical exam revealed moderately decreased active range of motion, mildly decreased passive range of motion, normal internal rotator cuff testing, and decreased external rotator cuff testing. The treatment plan includes continuing therapy and an exercise program. The requested treatment is an MRI of the right shoulder.

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, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states 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). ODG states indications for imaging Magnetic resonance imaging (MRI): 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. (Mays, 2008) The medical notes provided indicate this patient is s/p right arthroscopic surgical intervention, the treating physician did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of significant pathologies. The patient has had a previous MRI. As such, the request for MRI of the right shoulder is/was not medically necessary.