

Case Number:	CM15-0089985		
Date Assigned:	05/14/2015	Date of Injury:	09/12/2013
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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 53 year old male, who sustained an industrial injury on 9/12/13. He reported right elbow and right arm injury. The injured worker was diagnosed as having status post right elbow fracture surgery, history of triceps tendon rupture and bilateral shoulder rotator cuff tendinitis/bursitis. Treatment to date has included oral medications, right elbow surgery, physical therapy and activity restrictions. On 3/11/15, the injured worker complains of continued intermittent moderate bilateral shoulder pain and right elbow pain with radiation to right hand. Physical exam noted tenderness to palpation about the trapezius musculature with restricted range of motion and healed surgical incision of right elbow and tenderness to palpation over the extensor surface and incision area with restricted range of motion. A request for authorization was submitted for (MRI) magnetic resonance imaging of right elbow. On a 4/8/15 progress note the patient has bilateral shoulder tenderness to palpation, restricted range of motion, rotator cuff weakness bilaterally and positive impingement bilaterally. There is a request for bilateral shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

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-MRI.

Decision rationale: MRI of the left 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; 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 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 physical exam findings do not reveal a red flag condition or any documentation that surgery is planned. The patient had an injury in 2013. It is unclear if the patient has had prior shoulder radiographs or MRI imaging in the past since his injury. The request for an MRI of the left shoulder is not medically necessary.