

Case Number:	CM15-0233946		
Date Assigned:	12/09/2015	Date of Injury:	05/16/2015
Decision Date:	01/14/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 05-16-2015. A review of the medical records indicates that the worker is undergoing treatment for calcific tendinitis of the shoulder, tendinitis and tenosynovitis of the right shoulder region and strain of the rotator cuff and shoulder. Treatment has included Meloxicam, Cyclobenzaprine, Ibuprofen and physical therapy. On 08-18-2015 and 09-08-2015, the worker reported unchanged right shoulder pain. MRI of right upper extremity on 08-28-2015 showed calcific bursitis, type II SLAP tear and low grade partial thickness rotator cuff tear with delamination. Subjective complaints (10-27-2015) included continued right shoulder pain under the deltoid. The physician noted that since modifications had been made, right shoulder pain was slightly improved. Objective findings (08-18-2015, 09-08-2015 and 10-27-2015) revealed pain and tenderness with palpation of the right anterior-posterior and medial region of the shoulder, positive impingement test and positive apprehension test. The physician noted that a request for MRI of the right shoulder was being submitted to look for a rotator cuff tear. A utilization review dated 11-11-2015 non-certified a request for 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 (magnetic resonance imaging) of right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The current request is for MRI (MAGNETIC RESONANCE IMAGING) OF RIGHT SHOULDER. The RFA is dated 08/25/15. Treatment has included Meloxicam, Cyclobenzaprine, Ibuprofen and physical therapy. The patient is currently working modified duty. ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. 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. Per report 08/18/15, the patient presents with right shoulder pain that radiates to the deltoid. She continues to have pain with internal rotation, overhead activity and laying on the right shoulder. Physical examination revealed tenderness with palpation of the right anterior/posterior and medial region of the shoulder. She has pain with movement in all directions. She has positive impingement and apprehension test. X-rays showed degenerative changes in the joints, some mild narrowing in the biceps head in the glenoid fossa. There is some arthritis in the AC joint. The treater would like an MRI of the right shoulder to look for a rotator cuff tear, given the patient's persistent pain. The patient is to continue ibuprofen and home exercises. The records indicate that the treater went ahead with the MRI prior to authorization. The patient has not had an MRI prior to this. The patient continues with pain, with positive impingement and apprehension test despite conservative measures. The MRI that was obtained on 08/28/15 WAS/IS medically necessary.