

Case Number:	CM15-0234889		
Date Assigned:	12/10/2015	Date of Injury:	10/03/2013
Decision Date:	01/13/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/01/2015

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: California

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 49 year old male, who sustained an industrial injury on 10-03-2013. The injured worker was diagnosed as having cervical muscle spasm, cervical sprain/strain, lumbar myofascitis, status post lumbar spine fusion, and right and left shoulder bursitis. Treatment to date has included diagnostics and medications. On 11-04-2015, the injured worker complains of constant moderate neck pain, constant mild low back pain, and constant moderate bilateral shoulder pain (unchanged from 6-25-2015 and 10-05-2015). Exam of the cervical spine noted tenderness to palpation and muscle spasm of the paravertebral muscles. Spurling's was negative. Exam of the right shoulder noted tenderness to palpation and muscle spasm of the anterior shoulder and positive Hawkin's and Neer's. Current medication regimen was not described. Magnetic resonance imaging of the cervical spine was documented as reviewed but results were not documented. The treatment plan included magnetic resonance imaging of the bilateral shoulders "due to worsening mechanical painful symptoms". Work status remained full duty. On 11-24-2015 Utilization Review non-certified a request for magnetic resonance imaging of the bilateral shoulders without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), bilateral shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: Anatomic definitions using imaging is often required to guide surgery or other procedures. A discussion with a specialist on selecting the most beneficial study may be helpful. One needs to consider patient allergies to contrast material, which is used in arthrography or CT scans or concerns regarding claustrophobia which could be a problem in MRI. Imaging may be considered in patients who have limitations due to consistent symptoms for one month or more. Shoulder MRI is + in diagnosing impingement syndrome, in the diagnosis of rotator cuff tear, in diagnosing recurrent shoulder dislocation, in diagnosing tumor, and in diagnosing infection. Primary criteria for ordering imaging studies in the shoulder are: emergence of a red flag which could indicate serious pathology which needs immediate treatment, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program used in order to avoid surgery, and anatomy clarification prior to an invasive procedure. Relying only on imaging studies to evaluate shoulder symptoms carries the risk of causing diagnostic confusion or false positive test results. This is because imaging tests may identify a finding that was present prior to the current symptoms that are being investigated. Our patient has had chronic shoulder pain since the year 2013 and his symptoms have not been improved with conservative treatment. He gives physical signs of rotator cuff pathology, and shoulder MRI's are very good in the diagnosis of rotator cuff tear. It is medically necessary to use MRI for further diagnosis and possibly treatment of this patient.