MAXIMUS Federal Services

Case Number:	CM14-0110303		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2013
Decision Date:	10/24/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 60 year old female who was being followed up after an industrial injury on 02/03/14 for shoulder pain. The mechanism of injury is not clearly given in the medical records available for review. Prior x-ray of right shoulder in March 2014, showed no fracture. Mild glenohumeral joint degenerative changes were noted. Prior treatment included Physical therapy, Tramadol PO, Meloxicam PO, Tylenol #3, topical analgesics and modified work status. An MRI of right shoulder done on April 01, 2014 showed tendinopathy involving supra and infraspinatus tendons and high grade partial tear involving the mid supraspinatus tendon. In addition it also showed osteoarthritis involving the glenohumeral joint. The orthopedic initial evaluation from April 25, 2014 was reviewed. Examination was positive for positive impingement test and rotator cuff weakness. The diagnoses included cervical spine strain with radicular complaints and right shoulder strain with impingement syndrome. The progress notes from 05/08/14 were reviewed. Subjective complaints included right shoulder pain that was 7/10 in intensity. She was recommended PT by orthopedics and was given injection which helped for about 1 day. The pain was not controlled on Tylenol #3. Shoulder exam was positive for tenderness over the rotator cuff and anterior aspect of right shoulder. Range of motion was limited in all directions. Diagnoses included right shoulder severe impingement with possible partial cuff tear of supraspinatus and some adhesive capsulitis. Steroid injection was done in right subacromial space and she was recommended to restart physical therapy. The plan of care also included Norco PO PRN, Meloxicam daily, and Physical therapy. The visit note from Orthopedics was reviewed from 05/21/14. Subjective symptoms included right shoulder pain. Cortisone injection helped for 24 hours. The examination was positive for Hawkin's and Neer's test with restricted range of motion. The diagnoses included rotator cuff tear. She was noted to have had six PT

sessions and Norco was increased to TID. A request was sent for an MRI of right shoulder and addition 12 visits of physical therapy (PT).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right 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 rationale: The employee had shoulder pain after repetitive work. Her evaluation included x-ray and MRI of right shoulder. Her treatment included medications, topical analgesics, cortisone injection in subacromial bursa and Physical therapy. Her last MRI of right shoulder was done in April 2014 and revealed tendinopathy and high grade partial tear of supraspinatus tendon. The request was for an MRI of right shoulder.According to ACOEM guidelines, imaging should be considered in the presence of red flags, physiologic evidence of tissue insult, failure to progress in a strengthening program and prior to an invasive procedure. Given the fact that the employee had a recent MRI of her right shoulder in April 2014, it was not clear why she needed another MRI of right shoulder when there are no new findings or neurologic deficits. There is also no documentation of any surgery planned. The request for MRI of right shoulder is not medically necessary or appropriate.