MAXIMUS Federal Services

Case Number:	CM14-0144899		
Date Assigned:	09/18/2014	Date of Injury:	06/14/2014
Decision Date:	11/13/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 57 year-old driver sustained an injury on 6/14/14 from a slip and fall while employed by [redacted]. Request(s) under consideration include MRI of right shoulder without contrast. Medications list Norco, Naproxen, and Ultracet. X-rays of right shoulder dated 8/4/14 showed no fracture or dislocation; moderate arthritis. Orthopedic report of 7/22/14 noted patient with left ankle injury having received PT that has helped. The patient has been off work. There was no mention for shoulder complaints. Exam was for the ankles with diffuse tenderness over lateral collateral ligaments; normal gait pattern; with full and painless range of motion without gross instability seen. Report of 8/4/14 from the PA-c provider noted the patient with continued right shoulder pain described as aching with intermittent sharp pain rated at 6-7/10. The patient was noted to improve with rest and ice. Exam of right shoulder showed mild tenderness and mild swelling of lateral and anterior region; decreased range with abd/flex/ext of 85/60/50 degrees with normal rotation; and neurovascularly intact. Diagnoses include shoulder contusion and shoulder region joint pain. Treatment included physical therapy, ice, medications of Ultracet and Naproxen, and MRI to rule out internal derangement. The request(s) for MRI of right shoulder without contrast was non-certified on 8/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, updated 07/29/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with negative impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of right shoulder without contrast is not medically necessary and appropriate.