

Case Number:	CM14-0146416		
Date Assigned:	09/12/2014	Date of Injury:	11/16/2012
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The patient is a 49 year old female who was injured on 11/16/2012 while she was performing her usual and customary work related duties. Prior medication history included cyclobenzaprine, Amitriptyline, and Flector patch. Progress report dated 06/24/2014 documented the patient to have complaints of right shoulder pain, neck pain, and headache with associated nausea. She reported repetitive activity aggravates it. The pain radiates to the right first three digits associated with burning pain and tingling and numbness. Objective findings on exam revealed tenderness noted in the right shoulder glenohumeral joint more so than acromioclavicular joint. Right shoulder abduction strength is 4+/5. The patient is diagnosed with right shoulder rotator cuff tendinitis; bilateral shoulder adhesive capsulitis; cervical degenerative disk disease, possibility of cervical radiculopathy and myofascial pain. The patient was recommended for MRI of the right shoulder to rule out underlying gross abnormality as the patient has limited range of motion with persistent clicking and catching in the right shoulder. Prior utilization review dated 08/26/2014 by [REDACTED] states the request for MRI of right shoulder is denied as medical necessity has not been established. The patient has not had treatment in over a year for right shoulder complaints. AME report recommended injections and aggressive physical therapy. There is no documentation of either of these prior to request of specialized imaging study. Exam findings are minimal. No positive special test to indicate presence of a rotator cuff tear that would require immediate surgical intervention short of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: The California MTUS ACOEM states that 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 (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); 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). According to the Official Disability Guidelines the indications for Magnetic resonance imaging (MRI) of the shoulder are: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiograph; 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. Prior utilization review dated 08/26/2014 stated that the patient has not had treatment in over a year for right shoulder complaints. AME report recommended injections and aggressive physical therapy. There is no documentation of either of these prior to request of specialized imaging study. Exam findings are minimal. No positive special test to indicate presence of a rotator cuff tear that would require immediate surgical intervention short of conservative treatment. Therefore, MRI of right shoulder is not medically necessary.