

Case Number:	CM14-0146556		
Date Assigned:	09/12/2014	Date of Injury:	12/05/2010
Decision Date:	11/10/2014	UR Denial Date:	08/11/2014
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 injured worker is a 39-year-old male who reported injury on 12/05/2010. The mechanism of injury was a motor vehicle accident. The injured worker's medications included Colace 100 mg, ibuprofen 800 mg, Skelaxin 800 mg, Cymbalta 30 mg, and Norco 10/325 mg tablets. The surgical history was stated to be none. The injured worker underwent electrodiagnostics studies and an MRI. The injured worker had an MRI of the right shoulder on 01/17/2011 which revealed mild supraspinatus tendinosis without tendon tear, possible SLAP injury, and possible capsular scarring. The prior treatments included medications, therapy, facet blocks, facet rhizotomy, exercise, and medications. The injured worker underwent an x-ray of the right shoulder on 05/29/2014 which revealed a possible hairline fracture of the glenoid. The recommendation was for confirmation with a CT of the right shoulder or right shoulder MRI to rule out fracture of the superior glenoid. The injured worker underwent a CT of the right shoulder without contrast on 08/14/2014 which revealed the shoulder joint was normally located. There was no fracture seen. There was no periosteal reaction, lytic or blastic lesions. The acromioclavicular joint appeared unremarkable. There was no os acromiale and no abnormal calcification in the soft tissues around the shoulder. The bony glenoid and visualized scapula were unremarkable. The documentation included for review was documentation from the pain management specialist. The most recent documentation was dated 09/05/2014 which revealed the injured worker had neck pain and right shoulder pain. The diagnoses included cervical facet and lumbar facet syndrome, cervical radiculopathy, cervical pain, and low back pain. The treatment plan included a surgical consultant for the cervical spine and medication referrals, as well as physical therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

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, Magnetic resonance imaging (MRI)

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is reserved for a significant change in symptoms or findings suggestive significant pathology. The clinical documentation submitted for review failed to provide a document rationale. There was a lack of documentation indicating objective physical findings to support the necessity for an MRI. The clinical documentation submitted for review was from pain management specialist and was not from the requesting physician. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings. There was a lack of documented rationale for the request. Given the above, the request for MRI of the right shoulder, quantity 1, was not medically necessary.