MAXIMUS Federal Services

Case Number:	CM14-0161580		
Date Assigned:	10/07/2014	Date of Injury:	04/26/2012
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury due to heavy lifting on 04/26/2012. On 09/03/2014, his diagnoses included left rotator cuff tear status post surgical repair, neck pain, right elbow tendinitis, history of adult onset diabetes mellitus, and a history of Bell's palsy on the left side. It was noted that he was participating in a work conditioning program, carrying, lifting and pulling anywhere between 25 and 75 pounds. He stated that those exercises were causing him a greater amount of right shoulder pain. There was a recommendation that he discontinue therapy to the right shoulder until further evaluation was obtained. The recommendation was made for an MRI of the right shoulder to evaluate his pain. It was noted that there was a previous MRI done 4 months earlier but that it was not adequate to verify the necessary information. His right shoulder flexion and extension were within the normal ranges and abduction was 170 degrees. He was having right elbow pain with an area of tenderness over the medial epicondyle. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (magnetic resonance) Arthogram with contrast of right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Elbow Chapter, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 42-43.

Decision rationale: The request for an MR (magnetic resonance) arthrogram with contrast of the right elbow is not medically necessary. The California MTUS/ACOEM Guidelines note that for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more as in the following cases: when surgery is being considered for a specific anatomic defect, or to further evaluate potentially serious pathology (such as a possible tumor, when the clinical examination suggests the diagnoses). There was no indication in the submitted documentation that there was a suspicion of a possible tumor or that this injured worker was a surgical candidate. It was noted that a recent MRI had been performed, but the results were not available for review. The clinical information submitted failed to meet the evidence based guidelines for an MRI. Therefore, this request for an MR (magnetic resonance) arthrogram with contrast of the right elbow is not medically necessary.

MR (magnetic resonance) Arthogram with contrast of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 207-209.

Decision rationale: The request for an MR (magnetic resonance) arthrogram with contrast of the right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines recommend that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Specialized imaging studies are not recommended during the first month to 6 weeks of activity limitations due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Primary criteria for ordering imaging studies include an emergence of a red flag, physiological evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There were no red flags documented for this injured worker. There was no physiologic evidence of tissue insult or neurovascular dysfunction. He was not a surgical candidate. The documentation revealed that his shoulder pain was exacerbated by heavy lifting in an exercise program. The need for imaging was not clearly demonstrated in the submitted documentation. Therefore, this request for an MR (magnetic resonance) arthrogram with contrast of the right shoulder is not medically necessary.