

Case Number:	CM14-0084735		
Date Assigned:	07/21/2014	Date of Injury:	05/09/2005
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational Medicine 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 59 year old male who sustained an industrial injury to on 05/09/2005 while hooking up a rail to a crane when he slipped off the rail and fell over hitting his head on the rail. Treatment included medication and physical therapy. 07/02/2013 - MMI - Ortho evaluation note by the treating physician documented that the patient had not incurred any new injuries and that the patient continued to have bilateral shoulder pain, which radiated down both arms with associated numbness and tingling in both hands and all fingers and grip weakness. The examination of the right shoulder revealed rotator cuff tenderness. There was a clinical impingement syndrome, with restricted motion. Abduction of the right shoulder was 110 degrees. The diagnoses were cervical spine with radicular pain, impingement syndrome of bilateral shoulders (right worse than left), thoracolumbar spine strain with radicular pain, history of fracture of thoracic area, depression, insomnia. The 04/29/2014 progress report (PR) documents the patient to have constant neck pain radiating down the right side with right shoulder pain that was getting worse with radiation to the right side of the head. There was bilateral shoulder tenderness and limited range of motion. Impingement of the right shoulder with abduction 105 degrees. The diagnoses were cervical spine strain with radicular pain, impingement syndrome of the bilateral shoulders, thoracolumbar strain with radicular pain, history of thoracic spine fracture and depression/insomnia: internal: urological. The treatment plan included a request for a MRI of the right shoulder due to weakness with abduction movements. The utilization review decision dated 05/13/2014 denied the request for a MRI of the right shoulder due to the lack of documented new clinical indications for the need of the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder w/o contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

Decision rationale: The California MTUS/ACOEM guidelines recommend 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 fullthickness rotator cuff tear not responding to conservative treatment) In the absence of an acute shoulder trauma, a suspicion for shoulder instability/labral tear and there being no significant changes in symptoms and/ or in the examination findings (comparing 04/29/2014 and 07/02/2013 visit notes)of the right shoulder,the request for a MRI of the right shoulder is not warranted at this time. Also, there was no discussion of diagnostic studies completed on the right shoulder over the past years.