

Case Number:	CM14-0092341		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2011
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 54-year-old male the injured worker with a date of injury of 5-10-2011 whereby he was injured moving a heavy bookcase. He developed bilateral shoulder pain. Subsequently, he is undergone three separate surgeries to the left shoulder including an arthroscopy, subacromial decompression, and right latissimus dorsi transfer. His right shoulder pain became worse over time as a result of having to use the right upper extremity almost exclusively at work and for his activities of daily living. The right shoulder exam has revealed crepitus with range of motion, tenderness to palpation, positive impingement signs, and mildly diminished range of motion. MRI scan of the right shoulder was requested and initially denied. That scan was completed anyway. It revealed osteoarthropathy of the AC joint, mild subacromial bursitis, and no tendinopathies. He has been treated with physical therapy for both shoulders and is taking opioid pain medication and anticonvulsants. Anti-inflammatories are relatively contraindicated because of prior gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/shoulder.htm#Magneticresonanceimaging> indications for imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder>, <MRI>

Decision rationale: Per the ODG, indications for imaging with Magnetic resonance imaging (MRI) include:- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tearPer ACOEM, special imaging of the shoulder is not routinely recommended for 4-6 weeks and until conservative treatment has failed. Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. In this instance, there was an acute injury, there was a period of conservative care, injured worker is greater than age 40, and there is documentation of normal radiographs. Therefore, MRI right shoulder was medically necessary.