MAXIMUS Federal Services

Case Number:	CM14-0093619		
Date Assigned:	07/25/2014	Date of Injury:	02/12/2013
Decision Date:	09/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 69 year old male with an injury date of 02/12/13. The 02/27/14 progress report by [redacted] states that the patient presents with constant bilateral shoulder pain with limited range of motion and intermittent neck and lumbar spine pain. Examination of the bilateral shoulders reveals diffuse tenderness bilaterally with the right greater that the left. The patient's diagnoses include:1. Status post C6-C7 fracture with central and neural foraminal stenosis per MRI (date unknown). 2. Bilateral should impingement syndrome with acromial cubital joint arthrosis and possible bilateral rotator cuff tears. 3. Status post right carpal tunnel release 09/24/13. 4. Left carpal tunnel syndrome/bilateral cubital tunnel syndrome per NCV studies. 5. Lumosacral strain/arthrosis. The utilization review being challenged is dated 06/03/14. Reports were provided from 08/11/13 to 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR Arthrogram of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol).

Decision rationale: The patient present with bilateral shoulder pain with limited range of motion along with intermittent neck and lumbar spine pain. The treater requests for 1 MR arthrogram of the right shoulder for the patient's chronic right shoulder pain with limited range of motion in order to assess the integrity of the rotator cuff and labral tendon. The 06/03/14 utilization review does not complete the rationale for the non-certification of the procedure. He completed a course of 14 physical therapy sessions for his right shoulder 03/12/14. The patient has had some 6 months of conservative care with significant improvements in ADL's per 3/12/14 but continues with pain and decreased ROM. ACOEM guidelines has the following regarding shoulder MRI: (pp207-208) "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." Primary criteria for ordering imaging studies include: Failure to progress in a strengthening program intended to avoid surgery. In this case, there is no discussion regarding surgery but the treater is concerned about rotator cuff and labral tear given the patient's persistent pain. There were no prior MRI's. Therefore, the request is medically necessary.