

Case Number:	CM14-0099977		
Date Assigned:	09/16/2014	Date of Injury:	10/08/2012
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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 47-year-old male with a date of injury of 10/08/2012. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy, C8-T1, confirmed by EMG. 2. Anxiety. 3. TFCC tear of the right wrist. 4. Right shoulder rotator tear of the supraspinatus. 5. Right lateral epicondylitis with partial tear of common extensor tendon. According to progress report 06/11/2014, the patient presents with cervical spine, right shoulder, right elbow, and right wrist pain. Examination of the shoulders revealed no evidence of appreciable swelling or atrophy. There is no palpable tenderness over the acromion, deltoid bursa, acromioclavicular joint, trapezius musculature, etc. Range of motion is decreased on flexion, extension, abduction, and external rotation on the right. The patient has a positive impingement sign and Neer's test on the right shoulder. The treater is requesting a repeat MRI of the right shoulder. Utilization review denied the request on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) right shoulder without contrast: 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)- Treatment for Workers' Compensation (TWC) online edition, Chapter: Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following: (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>)

Decision rationale: This patient presents with continue right shoulder complaints. The treater is requesting a repeat MRI of the right shoulder as "the most recent imaging is over a year old" and the treater would like surgical planning. MRI of the right shoulder from 03/22/2013 revealed articular side partial tear of supraspinatus tendon and small subacromial/subdeltoid bursa effusion. ACOEM Guidelines has the following regarding shoulder MRIs on page 207 and 208, "Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 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." The treater is concerned of patient's positive findings, decreased range of motion, and continued pain. He is requesting a repeat MRI prior to surgical intervention. A repeat MRI for further investigation is reasonable at this time. The request is therefore medically necessary and appropriate.