

Case Number:	CM13-0067194		
Date Assigned:	06/09/2014	Date of Injury:	06/09/2012
Decision Date:	01/26/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/17/2013

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 Practice, and is licensed to practice in New Jersey. 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 female that sustained a work related injury on 6/25/1999, when she was lifting a carton weighing between 20-30 pounds and felt a pulling in her neck and right shoulder. Treatments included cortisone injections, medications, acupuncture, spinal surgeries, MRI and physical therapy treatments. Diagnosis included right shoulder impingement syndrome. Per visit note dated 10/30/2014, the injured worker indicated that prior injection was beneficial with much improvement, although she was still experiencing some degree of discomfort. The injured worker also indicated the current medication regime was working well and reported feeling much better. Physical findings included generalized and diffuse tenderness of the right shoulder with normal sensory and motor testing and no tenderness of the neck. Treatment plan includes repeat MRI of the right shoulder due to "poor quality". On 11/22/2013, Utilization Review denied the MRI as the injured worker had already undergone an MRI with resulted in no significant findings (no MRI report included in the documents provided for review), and that an additional MRI will not provide any significant benefit in terms of clinical decision making for the injured worker and MTUS ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right shoulder (unspecified if with or without contrast) as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker had a shoulder MRI to evaluate her right shoulder pain, which was reportedly normal. This was followed by her reporting persistent pain in her shoulder and tender but not weak upon examination. A request for a repeat MRI of the right shoulder due to "poor quality" was submitted. There was no MRI report provided for the reviewer in order to make an opinion on the quality of the imaging, therefore, it will be assumed to be accurate enough. Also, no physical findings were specific to any rotator cuff tear (no weakness) or positive provocative testing which might have helped justify MRI. Therefore, additional testing seems medically unnecessary, considering the evidence provided for review.