

Case Number:	CM14-0100387		
Date Assigned:	07/30/2014	Date of Injury:	05/03/2014
Decision Date:	05/12/2015	UR Denial Date:	05/28/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on 5/03/2014. He reported a fall off a platform, injuring his back, neck, bilateral shoulders, right foot and ankle, and right knee. The injured worker was diagnosed as having right knee anterior cruciate ligament tear, cervical and lumbar strain, bilateral shoulder strain, rule out rotator cuff pathology, and right ankle sprain. Treatment to date has included conservative measures, including crutch immobilization, x-rays of the lumbar and cervical spines, x-rays of bilateral shoulders (5/05/2014- noting no obvious fractures or dislocations), x-ray of the right hip, x-ray of the right knee, and magnetic resonance imaging of the right knee. Currently, the injured worker complains of right knee pain and instability, bilateral shoulder pain, and neck and back pain. Exam of his cervical spine noted tenderness to palpation, good mobility and muscle function, and mildly decreased range of motion. Exam of the thoracolumbar spine noted tenderness to palpation and mildly decreased range of motion. Exam of the bilateral shoulders noted weakness with abduction testing, forward flexion to 170 degrees, external rotation to 45 degrees, and internal rotation to T12. No medication use was described. The treatment plan included magnetic resonance imaging of bilateral shoulders because of pain and weakness on exam.

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 without contrast as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with right knee pain and instability, bilateral shoulder pain, and neck and back pain. The request is for 1 MRI of the Right Shoulder without Contrast as Outpatient. There is no RFA provided and the patient's date of injury is 05/03/14. The patient was diagnosed as having right knee anterior cruciate ligament tear, cervical and lumbar strain, bilateral shoulder strain, rule out rotator cuff pathology, and right ankle sprain. Per 05/05/14 report, physical examination to the right shoulder revealed weakness with abduction testing. Hawkin's, Neer's and supraspinatus tests are negative. Treatment to date has included conservative measures, including crutch immobilization, x-rays of the lumbar and cervical spines, x-rays of bilateral shoulders (5/05/2014-noting no obvious fractures or dislocations), x-ray of the right hip, x-ray of the right knee, and magnetic resonance imaging of the right knee. The patient is temporarily totally disabled. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per 05/05/14 report, treater states, "We are going to ask for MRI's of the bilateral shoulders because of pain and weakness on exam today." The ODG Guidelines under shoulder chapter support MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, while the patient has pain and some weakness, rotator cuff exam maneuvers are noted to be negative. No exam findings are shown regarding a potential labral tear either. MRI's are not recommended just for pain. There must be a suspicion for rotator cuff/labral pathology if no red flags are present. The request is not medically necessary.