

Case Number:	CM14-0119908		
Date Assigned:	08/06/2014	Date of Injury:	01/09/2013
Decision Date:	02/23/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male with a date of injury of January 9, 2013. The result of the injury include low back and right shoulder pain. An MRI of the right shoulder on 3/15/13 indicated the claimant had a tear of the subscapularis tendon and free fluid in the subdeltoid bursa. Diagnosis include right shoulder impingement syndrome, lumbar sprain/strain, and six months status post right shoulder arthroscopy. Treatment has included Tramadol and a home exercise program. Magnetic resonance imaging (MRI) scan of the lumbar spine dated April 28, 2014 revealed annual tear with a 5 mm broad posterior disc protrusion at L5-S1 with resultant mild bilateral neuroforaminal narrowing, annual tear with a 4 mm posterior central disc protrusion at L2-3 which indents the anterior thecal sac but does not result in significant spinal stenosis, 3 mm posterior central disc protrusion at L4-5 which indents the anterior thecal sac but does not result in significant spinal stenosis, disc bulge with a 5 mm anterior disc protrusion without evidence of spinal stenosis or neuroforaminal narrowing, 2-3 mm disc bulge at L3-4 without evidence of spinal stenosis or neuroforaminal narrowing, and disc desiccation at L1-2 through L5-S1 with mild disc height loss at L1-2. Progress report dated April 28, 2014 noted restrictive range of motion to the right shoulder. There was restricted range of motion of the lumbar spine. Work status was noted as modified duty. The treatment plan included tramadol, home exercise program, and MRI of the lumbar spine. Utilization review form dated July 3, 2014 non certified MRI right shoulder due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Shoulder(updated 04/25/14) Magnetic resonance imaging(MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. The claimant had prior MRIs and shoulder surgery. There was no plan for another surgery. The MRI request of the shoulder is not medically necessary.