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| Case Number: | CM14-0211729 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 11/01/2012 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old male with an 11/1/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/15/14 noted subjective complaints of neck and bilateral shoulder pain. Objective findings noted supple neck. MRI of the right shoulder dated 1/22/14 showed tenosynovitis, subcoracoid bursal effusion, and tendinosis of the supraspinatus tendon. Diagnostic Impression: AC osteoarthritis, rule out internal derangement, cervical sprain, thoracic sprain. Treatment to Date: medication management and physical therapy. A UR decision dated 11/24/14 denied the request for MRI of the right shoulder. There is no documentation of any physical finding concerning the shoulder indicating presence of shoulder internal derangement. Employee has previously had MRI of the right shoulder on 1/22/14. There is no documentation of any significant change in clinical condition since this test was performed that warrants repeating this study at the present time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Shoulder Chapter, MRI

Decision rationale: The California MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. However, in the documents available for review, it is noted that the patient has already had an MRI of the right shoulder on 1/22/14. Additionally, there is no documentation of any physical exam abnormality of the right shoulder. Furthermore, there is no indication of any interval change or any plan for surgery or invasive procedure to necessitate a repeat MRI. Finally, there is no documentation of failure of conservative management such as physical therapy. Therefore, the request for MRI of the right shoulder is not medically necessary.