

Case Number:	CM14-0216448		
Date Assigned:	01/06/2015	Date of Injury:	02/07/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 was a 57 year old male, who was injured on the job, February 7, 2012. The injured worker injured both shoulders. The injured worker had open left shoulder rotator cuff repair surgery, on July 17, 2012. The injured worker had right rotator cuff arthroscopic surgery in 2013. The injured worker was taking Vicodin for pain. The injured worker had MRIs of the left and right shoulders, June 4, 2012. The injured worker underwent postoperative physical therapy. According to the progress note of February 20, 2014, the injured worker had difficulty with shoulder flexion greater than 90 degrees and /or abduction of both arms and difficulty with drinking and eating. The injured worker was permanent and stationary at this time. The injured worker rates pain at 1 out of 10 with pain medication and 8 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The injured worker was taking Celebrex and using Lidoderm patches for pain. According to the progress note of October 11, 2014, the physical exam note equal grips to both hands, right shoulder range of motion abduction 170 degrees, flexion 130 degrees, lateral rotation 90 degrees, external rotation 80 degrees and extension 55 degrees. The left shoulder range of motion abduction 150 degrees, flexion 160 degrees, lateral rotation 90 degrees, external rotation 80 degrees and extension 80 degrees. According to the progress note of December 8, 2014, the primary treating physician suggested a repeat MRI of the right shoulder, due to the massive tear shown on the original MRI of June 4, 2012. The discussion continued to needing arthroplasty surgery in the future. On December 4, 2014 the UR denied an MRI of the right shoulder. The denial was based on the ODG recommendations, the

injured worker had a previous MRI of the right shoulder, on June 4, 2012, and a repeat MRI was not warranted.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Shoulder

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The ODG states that criteria for a shoulder MRI are 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. The documentation indicates that the patient is over 40 and had had prior shoulder MRI in the past. The physical exam findings and documentation do not reveal a new red flag condition or physical exam findings suggestive of a new significant pathology. The request for an MRI of the right shoulder is not medically necessary.