

Case Number:	CM15-0010187		
Date Assigned:	01/27/2015	Date of Injury:	06/13/2011
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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, Pain Management

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 patient is a 63 year old male who sustained a work related injury when he fell with a pallet approximately 10 feet to the ground injuring his right shoulder and left wrist on June 13, 2011. A magnetic resonance imaging (MRI) of the right shoulder on July 4, 2011 revealed a rotator cuff tear. The injured worker underwent a right shoulder arthroscopic acromioplasty and Mumford procedure on October 24, 2011 followed by physical therapy. A repeat shoulder magnetic resonance imaging (MRI) and Electromyography (EMG) and Nerve Conduction Studies (NCV) performed on October 19, 2012 noted C5 radiculopathy, bilateral carpal tunnel syndrome and double crush syndrome. According to the treating physician's progress report on December 5, 2014 the patient continues to experience daily right shoulder pain with activity radiating to the right side of his neck, down his arm and forearm. The injured worker expresses an occasional popping with stiffness and achiness and loss of grip strength on the right. Current medications are noted as Ibuprofen, Tramadol, Cyclobenzaprine, Norco, Naproxen, compounded analgesic creams and Pantoprazole. Treatment modalities have consisted of physical therapy, acupuncture therapy times one session and psychological therapy times 6 visits. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Repeat MRI Arthrogram with and without contrast of the right shoulder to determine a rotator cuff re-tear. On December 19, 2014 the Utilization Review denied certification for Repeat MRI Arthrogram with and without contrast of the right shoulder. The Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) do not

address the request therefore the Official Disability Guidelines (ODG) was used in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Arthrogram with abs without contrast right shoulder body part 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) Treatment is Workers' Comp, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Shoulder Chapter, MRI and MR arthrogram

Decision rationale: With regard to the request for repeat MR arthrogram of the shoulder, the ACOEM Chapter 9 has general guidelines for when special studies and imaging should be sought, and recommend a period of failed conservative care for patients without red flag conditions. The ODG have more specific guidelines regarding repeat MRI, and state that "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)." In the case of this injured worker, the worker has previously undergone arthroscopic shoulder surgery and continues with pain. A progress note on December 5, 2014 documents the requesting providers request for this imaging. The physical examination documents reduction in right shoulder internal and external rotation, but this is an improvement from the exam from 7/9/14. Furthermore, the note documents a request for a steroid injection. In this case, the patient already has known impingement and tendinosis from prior MRI done 10/19/2012. An MRI/MRA at this juncture would not clearly affect treatment especially given that a steroid injection is pending. Although the patient continues with persistent shoulder pain, there is no indication specifically of an acute change in pathology which would warrant imaging at this juncture. This request is not medically necessary.