

Case Number:	CM15-0111827		
Date Assigned:	06/18/2015	Date of Injury:	10/03/2014
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 44-year-old male who reported an industrial injury on 10/3/2014. His diagnoses, and/or impressions, are noted to include: right shoulder sprain/strain/tendonitis/bursitis; and right rotator cuff tendinitis, bicipital tendinitis and impingement. X-rays of the right shoulder, on 4/6/2015, revealed no abnormal findings; and no current imaging studies are noted. His treatments have included exercises; activity as tolerated; judicious use of over the counter medications; and return to full duty work. The progress notes of 4/6/2015 noted follow-up visit with complaints of pain, weakness, tenderness and limited range-of-motion in the right shoulder, aggravated by activity and local pressure, and relieved by over the counter non-steroidal anti-inflammatory medication. Objective findings were noted to include tenderness over the anterior rotator cuff of the right shoulder, mild "AC" joint and moderate bicipital tenderness, without irritability; positive impingement and grind sign; negative apprehension and relocation signs; no instability or paresthesias with shoulder motion; decreased rotator cuff/deltoid/biceps strength; decreased range-of-motion of the shoulder; and greater passive range-of-motion without obvious adhesive capsulitis. The physician's requests for treatments were noted to include diagnostic magnetic resonance imaging studies of the right shoulder for possible invasive treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Guidelines state routine MRI is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with negative impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such 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; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of right shoulder is not medically necessary or appropriate.