

Case Number:	CM15-0124095		
Date Assigned:	07/08/2015	Date of Injury:	04/10/2014
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, 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 40-year-old male who sustained an industrial injury on April 10, 2014. He reported pain in the head, shoulder, neck, and back and has been diagnosed with head contusion resolved, cervical strain resolved, lumbar strain, right shoulder sprain, and left shoulder strain. Treatment has included medical imaging, injection, physical therapy, and medications. There was tenderness of the lumbar spine. Straight leg raise was positive bilaterally at 30 degrees. There was pain with range of motion. There was tenderness about the bilateral shoulders. Range of motion of the shoulders was quite difficult to check due to guarding. There was limited range of motion. MRI of the lumbar spine dated June 10, 2014 revealed early degenerative changes without significant spinal canal or foraminal stenosis. MRI of the right shoulder on 6/10/14 revealed an anterior labral tear with low-grade partial thickness tearing of the supraspinatus tendon. The treatment request included a repeat MRI of the right shoulder. The patient sustained the injury when he was lifting a pallet. Per the note, dated 5/14/15 patient had complaints of pain in right shoulder and low back. Physical examination of the of the right shoulder revealed tenderness on palpation, limited ROM, 4/5 strength and muscle spasm. The patient had received an unspecified number of the PT visits in past. The medication list includes Norco, Tramadol and Baclofen. Any surgical or operative note related to this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic resonance imaging (MRI).

Decision rationale: Repeat MRI of right shoulder. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out". 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). "Indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent right shoulder X-ray report is not specified in the records provided. Per ODG shoulder guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. "MRI of the right shoulder on 6/10/14 revealed an anterior labral tear with low-grade partial thickness tearing of the supraspinatus tendon. Any changes in physical findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The medical necessity of the request for Repeat MRI of right shoulder is not fully established in this patient.