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| Case Number: | CM15-0173069 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 09/20/2012 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 07/31/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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, Hawaii
 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 45 year old female who sustained an industrial injury on 9-20-2012. A review of medical records indicates the injured worker is being treated for subacromial impingement syndrome right shoulder, rule out rotator cuff tear, and A-C joint osteoarthritis primary right. Progress reported dated 7-2-2015 indicated right shoulder and neck pain. She was not working at the time. Physical examination noted decreased range of motion and strength. There was tenderness with palpation and post joint neck pain C-7 to mid thoracic spine. There was decreased cervical range of motion due to pain. Treatment has included activity modification, rest, ice, NSAIDS, pain medication, and physical therapy with good relief. Utilization review form dated 7-31-2015 noncertified MRI without contrast to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic Resonance Imaging) without contrast material for the right shoulder, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Shoulder, MRI.

Decision rationale: The patient presents with pain affecting the neck and right shoulder. The current request is for MRI (magnetic Resonance Imaging) without contrast material for the right shoulder, quantity: 1. The treating physician report dated 6/24/15 (54B) states, "Medical indication for performance of this service: Shoulder pain; r/o rotator cuff tear, long head of biceps tear or glenoid labral tear." The report goes on to state, "She continues to experience activity related pain in her right shoulder region. The patient reports that she is experiencing a catching sensation in her posterior shoulder area." The MTUS guidelines do not address the current request. The ODG guidelines has the following regarding MRIs of the shoulder: "Recommended as indicated below. Indications for imaging -- Magnetic resonance imaging (MRI): 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 medical reports provided show the patient received an MRI of the right shoulder on 7/30/14 (54B). In this case, while the patient has received a previous MRI of the right shoulder, she is status post arthroscopy of the right shoulder with rotator cuff repair on 8/5/14 (54B). The patient continues to experience pain in the right shoulder and she has not received an MRI following her shoulder surgery on 8/5/14. Furthermore, the treating physician is requesting an MRI without contrast in order to rule out a rotator cuff tear, long head biceps tear or glenoid labral tear. The current request is medically necessary.