

Case Number:	CM15-0024326		
Date Assigned:	02/13/2015	Date of Injury:	10/30/2014
Decision Date:	07/24/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 37-year-old male, who sustained an industrial injury on 10/30/14. He reported initial complaints of cumulative type trauma upper extremity pain and neck pain. The injured worker was diagnosed as having right cervical radiculopathy; right shoulder impingement with possible rotator cuff tear; right upper extremity overuse. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 12/8/14 indicated the injured worker complains of severe pain in the right cervical area and trapezius, but particularly in the right shoulder with limited range of motion with any above shoulder activities. She has returned to work light duty capacity. On physical examination, the cervical spine note diffuse tenderness in the posterior cervical musculature. She has full range of motion with flexion, extension, bilateral bending to the left and right and rotation to the left and right. Her right shoulder exam notes tenderness in the trapezius and right parascapular area and shoulder girdle. Abduction is to 90 degrees, forward flexion to 80 degrees, extension is to 70 degrees. Impingement signs are positive Hawkin's and Neer's testing. Her neurological examination of the upper extremities notes proximal and distal gross muscle and strength testing is normal. Sensation is intact to light touch and pinprick throughout. The provider is requesting authorization of a MRI of the right shoulder.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for shoulder MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "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) ODG states 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. (Mays, 2008)" The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such the request for MRI of right shoulder is not medically necessary.