

Case Number:	CM15-0046317		
Date Assigned:	04/13/2015	Date of Injury:	01/03/2014
Decision Date:	06/04/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/11/2015

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 33-year-old female, who sustained an industrial injury on 1/3/14. She reported right shoulder, clavicle and sternum pain. The injured worker was diagnosed as having right shoulder subluxation, impingement, sternoclavicular subluxation and compensatory neck pain. Treatment to date has included physical therapy, acupuncture, and medications. A MRI arthrogram of the right shoulder obtained on 2/27/14 was noted to have revealed no retraction of the tendons of the rotator cuff but an intrasubstance tear of the rotator cuff was noted. A physician's report dated 2/16/15 noted physical examination findings of decreased strength with resistance to flexion, abduction, and internal and external rotation. Strength was noted to be 4/5 with tenderness present in the right shoulder and right clavicle. Currently, the injured worker complains of right shoulder/clavicle pain. The treating physician requested authorization for a repeat MRI of the right shoulder. A physician's report noted a MRI is needed to determine if the injured worker is a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online

Edition, Shoulder (Acute & Chronic), Magnetic resonance imaging, Indications for imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Based on the 03/26/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the posterior aspect of right shoulder/scapula. The request is for REPEAT MRI OF THE RIGHT SHOULDER. No RFA provided. Patient's diagnosis on 03/26/15 included partial tear rotator cuff right shoulder, partial subluxation right sternoclavicular joint, and musculoligamentous sprain cervical spine. Physical examination to the right shoulder on 03/26/15 revealed tenderness to palpation at bicipital groove, subacromial area, and acromioclavicular joint. Range of motion was decreased, especially on abduction 105, and flexion 110 degrees. Positive Apprehension test. Examination to the neck revealed decreased range of motion and nonspecific deficits in both upper extremities. Treatment to date has included imaging studies, physical therapy, acupuncture, and medications. Patient's medications include Tylenol with Codeine and Soma. The patient is working modified duty, per 03/26/15 treater report. Treatment reports were provided from 08/14/14 - 03/26/15. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) 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)" Per 01/12/15 progress report, treater states "I ask to repeat the MRI's of the right shoulder and right sternoclavicular joint, I have explained to [the patient] that, if there is no worsening, then it would be not a good idea to treat this surgically." Per 03/26/15 report, treater states "since [the patient] was previously treated with therapy and now some acupuncture, for consideration of a repeat MRI to look at the shoulder to see if she is a surgical candidate." MRI of the right shoulder dated 02/27/14 revealed "mild bursitis in the subacromial area, with some partial tearing of the infraspinatus tendon," and "CT scans of the clavicle, showed mild osteophytic spurring of the right sternoclavicular joint and right acromioclavicular joint." ODG guidelines support MRI of the shoulder if conservative measures have failed and rotator cuff or labral tear is suspected. However, there are no new injuries, change in clinical status, significant changes in examination, new location of symptoms, or red flags to warrant another MRI. Therefore, the request IS NOT medically necessary.