

Case Number:	CM15-0066077		
Date Assigned:	04/13/2015	Date of Injury:	08/15/2013
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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 59-year-old male who sustained an industrial injury on 08/15/13. Initial complaints and diagnoses are not available. Treatments to date include medications and right shoulder MRI that revealed s/p RTR and no evidence of re tear on 4/10/15. Current complaints include neck pain radiating to the right arm, low back pain, and right shoulder pain. Current diagnose include cervical and lumbar sprain/strain, my spasm, cervical and neural foraminal stenosis, lumbar disc protrusions, adhesive capsulitis right shoulder, right shoulder and right wrist/hand sprain/strain, right shoulder subacromial and sub deltoid bursitis, right shoulder supraspinatus and infraspinatus tendinosis, effusion of right shoulder, right elbow medial collateral ligament sprain, medial epicondylitis, and joint effusion; bilateral wrist carpal tunnel syndrome, bilateral plantar fasciitis, and right wrist internal derangement. In a progress note dated 03/03/15 the treating provider reports the plan of care as a MR Arthrogram of the right shoulder, physical therapy for the cervical and lumbar spine, follow-up with orthopedic surgeon, pain management, hand specialist, and podiatrist. The requested treatment is a MR Arthrogram of the right shoulder. The patient's surgical history include right shoulder arthroscopy on 8/16/13. The medication list includes Percocet, Vicodin, Motrin and Menthoderm cream. The patient sustained the injury due to cumulative trauma. Per the doctor's note dated 3/3/15 patient had complaints of pain in right shoulder, neck pain with radiation in right arm with numbness Physical examination of the right shoulder revealed tenderness on palpation, limited range of motion and positive supraspinatus test. The patient has had MRI arthrogram of the right shoulder on 2/24/14 that revealed subacromial and sub deltoid bursitis; right shoulder MRI on 4/10/15 that revealed s/p RTR and no evidence of re tear. The patient has had EMG study that revealed bilateral CTS. The patient had received cortisone injection for frozen shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram 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 (ODG), MR arthrogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) Magnetic resonance imaging (MRI) MR arthrogram.

Decision rationale: Request: MR Arthrogram of the 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)." 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. Evidence of neurovascular dysfunction was 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." A recent physical examination of the right shoulder following MRI on 4/10/15 was not specified in the records provided. The patient has had MRI arthrogram of the right shoulder on 2/24/14 that revealed subacromial and sub deltoid bursitis; right shoulder MRI on 4/10/15 that revealed s/p RTR and no evidence of re tear. Any changes in physical findings since the last MRI that would require a repeat imaging study were not specified in the records provided. The medical necessity of the request for MR Arthrogram of the Right Shoulder is not fully established in this patient.