

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0067287 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 04/16/2012 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old female who sustained an industrial injury on 04/16/2012. Current diagnoses include tendonitis, shoulder region disorder, pain in limb, wrist tendonitis/bursitis, and shoulder sprain/strain. Previous treatments included medication management, right shoulder surgery, therapy, and injections. Previous diagnostic studies included muscle strength test and electrodiagnostic study. A 9/25/14 progress note indicated 4/5 deltoid strength, decreased wrist grip strength, Abduction and forward flexion both 90 degrees. Report dated 03/18/2015 noted that the injured worker presented with complaints that included residual right shoulder pain, right sided wrist and hand pain and numbness, tingling, and weakness. Pain level was not included. Physical examination was positive for abnormal findings of 4/5 shoulder strength with impingement signs. Forward flexion was 90 degrees abduction and forward flexion. Decreased grip strength and a positive Phalen sign. The treatment plan included request for revision right shoulder arthroscopy and subacromial decompression along with right carpal tunnel release, neurodiagnostic studies were reviewed, medications were refilled, and request for updated right shoulder MRI. Disputed treatment includes 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 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 Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the 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). The ODG states that criteria for a shoulder MRI are 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 documentation indicates that the patient has chronic residual shoulder pain status post shoulder surgery. The physical exam findings do not reveal a red flag condition or findings suggestive of significant new pathology. The documentation indicates that electro diagnostic findings were consistent with right carpal tunnel syndrome. A review of the documentation also indicates that the patient's treating physician states that he did not want the shoulder MRI currently and wished to withdraw the request. For all of these reasons the request is not medically necessary.