

Case Number:	CM15-0072269		
Date Assigned:	04/22/2015	Date of Injury:	09/23/2008
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old female patient who sustained an industrial injury on 09/23/2008. A primary treating office visit dated 09/16/2014 reported subjective complaint of continues with left shoulder pain and is also in need of refills. The following diagnoses are applied: wrist strain/sprain bilateral cumulative; shoulder strain/sprain bilateral; elbows strain/sprain bilaterally; cervical disc syndrome; dyspepsia, mild; wrists, tendinitis, cumulative; shoulders tendinitis; elbows tendinitis; carpal tunnel syndrome, and anxiety/depression. She is permanent and stationary. She is status post left shoulder surgery and with limited range of motion. The plan of care involved: recommending Tramadol, Protonix, Prozac, and Xanax, physical therapy session and follow up visit. A more recent primary office visit dated 03/10/2015 reported subjective complaints of continued right shoulder pain. There is no change in diagnoses. The plan of care involved recommending a magnetic resonance imaging study and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthroscopy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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. In this case, the injured worker's working diagnoses are shoulder sprain/strain bilateral; wrist sprain/strain; elbow sprain/strain; cervical disc syndrome; tendinitis wrists; tendinitis shoulders; tendinitis elbows; carpal tunnel syndrome; anxiety/depression; and dyspepsia. Most recent progress note in the medical record is dated March 10, 2015. Subjectively, the injured worker has continued complaints of right shoulder pain. The worker does not need medication today. Objectively, there is tenderness throughout the right shoulder girdle. Range of motion is decreased in flexion and abduction. There are no x-rays/radiographs of the right shoulder in the medical record. The treating provider indicates a shoulder sprain/strain. There is no documentation in the medical record the treating provider suspects a rotator cuff/impingement, instability or labral tear. Notably, there is no plain radiograph of the affected shoulder. Consequently, absent clinical documentation with plain radiographs and a diagnosis suggestive of rotator cuff/impingement, instability or labral tear, MRI right shoulder is not medically necessary.