

Case Number:	CM15-0073364		
Date Assigned:	04/23/2015	Date of Injury:	03/30/2012
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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 39 year old female, who sustained an industrial injury on 3/30/2012. She reported falling on her back, hitting her head with loss of consciousness, with the cart she was pulling landing on top of her. Diagnoses include closed head injury with post-concussion syndrome, cervical sprain with disc protrusion, right shoulder impingement, right epicondylitis, and patellofemoral injury to right knee, mild ankle sprain, and chronic low back pain with multilevel lumbar disc protrusion. Treatments to date include medication therapy, steroid injection. Currently, she complained of ongoing pain in multiple locations, including the right shoulder. On 3/11/15, the physical examination documented tender AC joint, decreased range of motion, and weakness on resisted external rotation of the right arm. The treating diagnoses included right shoulder pain and dysfunction, right shoulder impingement and right shoulder rotator cuff tendinosis. The plan of care included right shoulder arthroscopy and associated care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four of Four: MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthropathy 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 right shoulder pain and dysfunction; right shoulder impingement; and right shoulder rotator cuff tendinosis. An MRI of the right shoulder was formed on October 1, 2014. The MRI results showed down-sloping anterolateral acromion; subacromial bursitis; and rotator cuff tendinosis. A request for authorization and progress note dated March 11, 2015 contained a request for right shoulder arthroscopy. There was no documentation of a request for an MRI of the right shoulder. A request for authorization dated April 1, 2015 contained a request for a (repeat) MRI of the right shoulder. There was no contemporaneous progress note with a clinical indication or rationale for repeating the MRI of the right shoulder. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no documentation of a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with a significant change in symptoms and/or objective findings suggestive of significant pathology and a clinical indication and rationale with an MRI performed October 1, 2014, MRI right shoulder is not medically necessary.