

Case Number:	CM15-0075636		
Date Assigned:	04/27/2015	Date of Injury:	06/01/2013
Decision Date:	05/28/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/21/2015

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 44-year-old male, who sustained an industrial injury on March 25, 2014. He reported pain in the neck, right shoulder and right elbow after falling from scaffolding while painting. The injured worker was diagnosed as having lateral epicondylitis, shoulder arthritis, bursitis and rotator cuff tear of the shoulder. Treatment to date has included radiographic imaging, diagnostic studies, and surgical intervention of the right shoulder, physical therapy and work restrictions. Currently, the injured worker complains of continued pain to the right shoulder. The injured worker reported an industrial injury in 2014 resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 23, 2014, revealed continued pain. A magnetic resonance image (MRI) of the right shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: Based on the 02/10/15 progress report provided by treating physician, the patient presents with right shoulder pain rated 9/10. The request is for MRI (MAGNETIC RESONANCE IMAGING) OF THE RIGHT SHOULDER. The patient is status post right rotator cuff arthroscopic surgery 09/19/14, due to recurrent right rotator cuff tear. RFA not available. Patient's diagnoses on 02/10/15 included tear/torn rotator cuff, rotator cuff syndrome shoulder/bursitis, and arthritis of shoulder. Treatment to date has included surgery, radiographic imaging, diagnostic studies, physical therapy, home exercise program, work restrictions, shoulder injection 01/20/15, and medications. The patient may work modified duty, per 02/10/15 treater report. The MTUS/ ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch. 9 Special Studies and Diagnostic and Treatment Considerations, pg 207- 209 offers primary criteria for ordering imaging studies including Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. (e.g., a full thickness rotator cuff tear not responding to conservative treatment) 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, Sub acute 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)" Progress reports were handwritten and difficult to interpret. Reason for the request could not be determined. UR letter dated 03/18/15 states "there are no records available for review to indicate there is any new injury to the shoulder or any significant change in symptoms..." Treater does not mention any new injuries; examination does not show any new changes that are severe such as neurologic deterioration. MRI of the right shoulder dated 02/11/15 was provided in medical records, which indicates study was performed prior to authorization. However, the patient is status post shoulder surgery; and it does not appear the patient had an updated MRI postoperatively. Therefore, the request IS medically necessary.