

Case Number:	CM13-0005359		
Date Assigned:	12/11/2013	Date of Injury:	06/22/2001
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69-year-old gentleman sustained a left shoulder injury in a work related accident on 06/22/01. Clinical records reviewed included a recent 12/10/13 left shoulder MRI that demonstrated moderate to severe rotator cuff tendinosis with no tear noted, moderate tendinosis of the long head of the biceps and postsurgical changes noted to the acromion and distal clavicle. The most recent clinical record for review from the treating physician is a 04/16/12 assessment indicating continued complaints of pain about the elbow on the right; there was no indication of shoulder complaints. The timeframe in which the prior surgical procedure to the shoulder took place as there were no records after the office visit of 04/16/12 until the time of the MRI scan of the left shoulder performed on 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the 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 Page(s): 196.

Decision rationale: CA MTUS ACOEM with respect to MRI evaluation of the shoulder states that it is appropriate in cases where there is "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), When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear)". In this case the available records did not reflect a significant change in physical examination findings, and there was not documentation as to specifics of the clinical course (time of prior surgery, and conservative treatment); as such the medical necessity for the left shoulder MRI is not established.