

Case Number:	CM13-0008705		
Date Assigned:	03/07/2014	Date of Injury:	05/29/2012
Decision Date:	04/11/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

According to the records made available for review, this is a 28-year-old male with a 5/29/12 date of injury, and surgery (arthroscopic surgery right shoulder) 3/6/13. At the time (7/12/13) of request for authorization for magnetic resonance imaging (MRI) of the right shoulder, there is documentation of subjective (ongoing right shoulder pain, pain did not improve after surgery) and objective (guards his right upper extremity, he cannot abduct or flex more than 30 degrees, significant tenderness along the clavicle, and there appears to be a dislocation) findings. Imaging findings (MRI right shoulder, 1/21/13) revealed low-grade intrasubstance partial-thickness tearing of the supraspinatus tendon at the footprint, low-grade articular sided partial-thickness tearing of the infraspinatus tendon at the footprint, and labral fraying anterosuperiorly and anteriorly. Current diagnoses include right shoulder girdle internal derangement and status post right arthroscopic rotator cuff repair, and treatment to date includes medication and post-operative physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of surgery being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor, as criteria necessary to support the medical necessity of MRI. As criteria necessary to support the medical necessity of a repeat MRI, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated, such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, or to diagnose a change in the patient's condition marked by new or altered physical findings. Within the medical information available for review, there is documentation of diagnoses of right shoulder girdle internal derangement and status post right arthroscopic rotator cuff repair. In addition, there is documentation of a diagnosis/condition for which a repeat study is indicated (to follow up a surgical procedure). Therefore, based on guidelines and a review of the evidence, the request for magnetic resonance imaging (MRI) of the right shoulder is medically necessary.