MAXIMUS Federal Services

Case Number:	CM13-0018794		
Date Assigned:	10/11/2013	Date of Injury:	10/23/2004
Decision Date:	01/15/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/30/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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:

The patient is a 39-year-old female who reported an injury on 10/23/2004; the mechanism of injury was stated to be overuse. The patient was noted to have right shoulder elevation at 90 degrees to 100 degrees and painful active and passive range of motion with restriction on the right shoulder. The patient was noted to have a right shoulder impingement test that was positive. The diagnoses were stated to be subacromial/subdeltoid bursitis with effusion. A comprehensive followup visit dated 07/31/2012 revealed that the patient had an injection in the shoulder; bilateral shoulder elevation of 100 degrees to 120 degrees; the patient had a Phalen's test and a Tinel's test that were positive on the right side. The patient had a right shoulder impingement test that was mildly positive. The patient had localized tenderness present to the right AC joint. The patient's examination of 07/25/2013 revealed the patient had right shoulder range of motion of 90 degrees to 100 degrees, passive and active range of motion of the right shoulder was painful, and the patient had severe tenderness at the right AC joint area. The right shoulder impingement test was positive. The physical examination on 08/22/2013 revealed the patient had right shoulder elevation of 90 degrees to 100 degrees with passive and active range of motion of the shoulder that was painful. The patient's range of motion of the right shoulder was restricted. The patient was noted to have localized tenderness at the right AC joint area. The right shoulder impingement test was noted to be positive. There were noted to be no sensory disturbances to light touch in the upper extremities on the exam of 07/25/2013 and 08/22/2013. The current request is for a MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic.)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shouler Chapter section on MRI, Online Version.

Decision rationale: The Official Disability Guidelines recommend repeat MRIs when there is significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient had an MRI of the right shoulder on 08/01/2006. It was stated the patient did not want to pursue surgical intervention at that point. The clinical documentation submitted for review failed to prove that the patient had a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the request for MRI of the right shoulder is not medically necessary and appropriate.