

Case Number:	CM13-0026235		
Date Assigned:	11/22/2013	Date of Injury:	05/24/2011
Decision Date:	02/18/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for calcific tendonitis of the shoulder reportedly associated with an industrial injury of May 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an MRI of the right shoulder of June 15, 2011, apparently notable for a partial-thickness rotator cuff tear; prior shoulder surgery on June 25, 2013; and extensive periods of time off of work. In a utilization review report of September 11, 2013, the claims administrator denied a request for a shoulder MRI, stating that the applicant had not failed conservative measures. On August 16, 2013, the applicant is described as having persistent right shoulder pain. He has had a favorable outcome following left shoulder surgery. Painful shoulder range of motion and a positive impingement sign are noted. The applicant is described as an excellent candidate for shoulder arthroscopy. A repeat MRI scan is endorsed for preoperative planning purposes. In the interim, the applicant is asked to continue working without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: As noted in the ACOEM Guidelines in chapter 9, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, the attending provider has stated that the applicant's presentation is consistent with the partial-thickness rotator cuff tear and that surgical intervention is desired. The prior MRI of 2011 is too old for preoperative finding purposes. A repeat MRI is therefore indicated here. Accordingly, the original utilization review decision is overturned. The request for an MRI of the right shoulder is medically necessary and appropriate.