MAXIMUS Federal Services

Case Number:	CM13-0026393		
Date Assigned:	11/22/2013	Date of Injury:	07/25/2013
Decision Date:	02/13/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice, 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.

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 51-year-old male who reported a work-related injury on 07/25/2013. Surgical history includes right shoulder long head of the biceps repair in 2000, and right knee arthroscopic debridement times 2 in 2002 and 2010. MRI of the right shoulder dated 10/17/2013 indicated the patient's history included osteoarthritis and right shoulder pain. Findings included end stage glenohumeral arthritis, mild tenderness of the distal supraspinatus and infraspinatus tendons, no definite evidence of a rotator cuff tear and the intra-articular biceps tendon was not well visualized, likely secondary to partial tear. A request has been made for MRI of the right shoulder without contrast.

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 without contrast: Upheld

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 Page(s): 208.

Decision rationale: Recent clinical documentation stated the patient was sent for an MRI of his shoulder to better assess that nature of his problem for rotator cuff tear. It was noted that the MRI revealed advanced arthritis in the glenohumeral joint with mild subluxation of the humeral head posteriorly. Physical exam of the patient's right shoulder revealed forward flexion was

limited to 114 degrees and abduction was the same. External rotation was 85 degrees and internal rotation was 45 degrees with the arm abducted. Motor testing was 5-/5. The patient complained of pain to his right knee with catching and locking sensation. The California Medical Treatment Guidelines indicate that the primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient was not noted to have a significant change in symptoms and was not noted to have findings suggestive of significant pathology in the recent clinical documentation to warrant an MRI of the right shoulder. In addition, the patient was not noted to have failed conservative care therapy prior to imaging. The California Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. As such, the decision for MRI of the right shoulder without contrast is non-certified.