

Case Number:	CM13-0030051		
Date Assigned:	12/11/2013	Date of Injury:	02/02/2007
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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 claimant is a 66 year old male with date of injury 02/02/2007. The claimant stated to [REDACTED] on 04/15/2013 that he was not interested in getting an MRI of his right shoulder and asked to be released. He is still under the care of [REDACTED] who has requested authorization for an MRI of the right shoulder on 10/17/2013. [REDACTED], in his report of 10/17/2013, lists the claimant's diagnoses as bilateral shoulder arthrosis, right shoulder rotator cuff tear, cervical sprain/strain, left shoulder tendinopathy; subcutaneous acromial bursitis, left shoulder partial thickness rotator cuff tear with impingement and adhesive capsulitis, and diabetes. At the time of that visit, the patient complained of ongoing pain to his bilateral shoulders. Physical exam at the time revealed acromioclavicular joint pain and lateral deltoid tenderness, in addition to reduced strength against resistance, decreased range of motion, and guarding on overhead reach. I can find no documentation that the patient is interested in having shoulder surgery or that surgery is part of the treatment plan. The claimant has undergone multiple conservative therapies since the time of the injury, and is currently permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212.

Decision rationale: The claimant stated to [REDACTED] on 04/15/2013 that he was not interested in getting an MRI of his right shoulder and asked to be released. Six months later, [REDACTED] writes in his report of 10/17/2013 that further treatment is necessary. Unfortunately, the report does not state whether the claimant has asked for surgery or agreed to surgery of his right shoulder, or if further conservative treatment is planned. Primary criteria for ordering imaging studies are: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) - 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) Absent a treatment plan stating that surgery is planned, the MRI of the right shoulder is not medically necessary for continued conservative treatment.