

Case Number:	CM13-0033941		
Date Assigned:	12/06/2013	Date of Injury:	05/24/2011
Decision Date:	03/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 46 year old man with a date of injury of 5/24/11. He was seen by his primary treating physician on 8/20/13. He is status post right shoulder surgery in July 2011. At issue in this review is the request for an MRI of the right shoulder. He reports constant sharp pain which radiates at times to his right arm with numbness and tingling. He has increased pain with raising arm above shoulder level, lifting more than 5 pounds and sleeping on the right shoulder. On physical exam of the right shoulder, he has decreased range of motion 140 degrees flexion, 120 degrees abduction, 20 degrees external rotation and 60 degrees internal rotation. There was no pain with palpation. The Neer's test and Supraspinatus test were positive on the right. His diagnoses relevant to his shoulder were status post right shoulder rotator cuff repair, 2011. He was referred for pain management and several diagnostic studies were ordered including a right shoulder MRI.

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.

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

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the right shoulder. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and given his prior history of a 2011 surgical repair of a rotator cuff tear, a MRI of the right shoulder is not medically indicated.