

Case Number:	CM13-0039474		
Date Assigned:	03/21/2014	Date of Injury:	07/10/2009
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery/Hand Surgery and is licensed to practice in Georgia and 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 expert 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 58-year-old male who reported injury on 07/10/2009. The mechanism of injury was not provided. The patient's diagnosis included rotator cuff ruptures. The documentation of 09/27/2013 revealed the patient had pain at extremes of forward flexion and abduction. The rotator cuff strength was grossly intact. There was significant pain with full resistive activities. No laxity was appreciated. Distally, the patient was grossly neurovascularly intact; however, the patient had carpal tunnel issues in both hands. It was indicated that new MRIs of the shoulders were ordered. The patient was noted to have a left arthroscopy, debridement of the posterior labrum, subacromial bursectomy, and open rotator cuff repair of the supraspinatus and subscapularis tendon on 08/01/2012. The patient was noted to have bilateral shoulder surgeries previously. The request was made for an MRI without contrast for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, MRI.

Decision rationale: Official Disability Guidelines (ODG) do not recommend repeat MRIs routinely and indicate they should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide the original request with objective findings to indicate the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. The request for an MRI without contrast for bilateral shoulders is not medically necessary and appropriate.