

Case Number:	CM13-0040592		
Date Assigned:	12/20/2013	Date of Injury:	01/02/1991
Decision Date:	03/17/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery, 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. 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 53-year-old male who reported an injury on 1/2/91. The mechanism of injury was pulling. The patient had tenderness to palpation over the anterior rotator cuff. There was mild acromioclavicular joint and bicipital tenderness without irritability. There was a positive impingement sign and grind sign. There was a negative apprehension sign and relocation sign. There was no shoulder instability. There was no paresthesias with shoulder motion. There was grade 4+/5 rotator cuff/deltoid and biceps strength. The range of motion was 170 degrees in flexion, 155 degrees in abduction, 45 degrees in extension, 50 degrees in external rotation, internal rotation of 40 degrees, and adduction of 40 degrees. There was clunking/crepitus with range of motion. There was greater passive range of motion without obvious adhesive capsulitis. The examination dates were 3/21/13 and 9/19/13. The diagnoses include chronic rotator cuff tendinitis, labral tear and impingement syndrome, chronic right scapular winging, and a history of right C5, C6, and C7 denervation/upper trunk brachial plexopathy. The patient had an MRI of the shoulder in October 2011, which revealed problems with rotator cuff tendinitis and impingement syndrome, and a probable labral tear.

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 Page(s): 207-208. 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)

Decision rationale: The California MTUS/ACOEM does not address repeat MRIs, so alternative guidelines were sought. 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 a significant pathology. The clinical documentation submitted for review indicated the patient's examination on 3/21/13 and 9/19/13 remained basically the same. There was a lack of documentation indicating that the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The previous MRI was not provided for review. Given the above, the request for an MRI of the right shoulder is not medically necessary.