

Case Number:	CM13-0040920		
Date Assigned:	12/20/2013	Date of Injury:	01/22/2013
Decision Date:	04/22/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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:

Per progress report 09/18/2013, presenting symptoms are right shoulder and arm pain with the listed diagnoses of right shoulder rotator cuff tear, status post arthroscopic exploration and repair, 04/11/2013. Patient is now 5 months since surgery, continued symptomatology, and the treater was asking for follow-up MRI scan of the right shoulder. There is an operative report dated April 2013 for right shoulder arthroscopic surgery. MRI of the right shoulder is from March of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Overturned

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): s 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines, Repeat MRIs

Decision rationale: This patient presents with persistent pain despite surgery of the right shoulder from April 2013. The patient had rotator cuff repair. Given the patient's persistent pain,

the treating physician has asked for a follow-up MRI of the right shoulder. ACOEM Guidelines do not discuss updated MR studies of the shoulder. ODG Guidelines states that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this patient, the patient has had surgery, but continues to be quite symptomatic without much change in symptoms. Examination showed 4/5 weakness with flexion, internal rotation, external rotation to the right side with positive drop test suggestive of persistent rotator cuff tear. Given these findings, updated MRI is reasonable. Recommendation is for authorization.