

Case Number:	CM13-0041490		
Date Assigned:	12/20/2013	Date of Injury:	05/26/2011
Decision Date:	06/02/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 reported right shoulder discomfort after a lifting injury on 5/26/11. On the same date, an MRI was completed on the right shoulder with the findings of mild degenerative changes associated with supraspinatous tendinosis with an associated partial tear. Surgical intervention was suggested at this time, but the patient elected not to pursue this option. Subsequently the shoulder discomfort continued and a repeat right shoulder MRI was completed on 8/20/13. This MRI continued to show degenerative changes, AC joint thickening, supraspinatous tendinosis and partial tearing. In addition, a SLAP lesion was reported. Subsequently, the consulting Orthopedic Surgeon evaluated the patient on 9/18/13 and reported on the 5/26/11 MRI, but no mention was made of the recent right shoulder MRI on 8/20/13. The surgeon recommended an updated 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 Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: There is no clinical support for repeating the shoulder MRI that was just completed less than a month prior to the request. There was no new injury or intensity of symptoms that would appear to justify the request. It appears that the surgeon was not aware of the recent MRI, but there was no response to the utilization review's attempts to contact the surgeon to discuss or notify him of the prior MRI. There is also no documentation that the surgeon discussed or reviewed prior records from the treating physicians that would have documented the recent MRI. Guidelines do not recommend testing without clear rationale that it might change treatment plans. There is no evidence that the repeat MRI was necessary to impact treatment plans. The repeat MRI is not medically necessary.