

Case Number:	CM13-0043183		
Date Assigned:	01/15/2014	Date of Injury:	05/08/1991
Decision Date:	03/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation 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 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 58 year old male who sustained an injury on 5/8/91. Prior treatment included a diagnostic facet block, C4-5, C5-6 with 100% pain relief. The patient underwent a radiofrequency rhizotomy of the median branches C3, C4 and C5. Medication taken was Norco 5mg-325mg. MRI scan of the right shoulder findings were subjective of a rotator cuff tear. There was acromioclavicular joint arthritis and osteophyte formation. There were findings consistent with an impingement disorder. Clinic note dated 08/26/2013 documented the patient had 100% pain relief after a .c. joint and subacromial bursa was injected on the right side on 07/23/2013. The patient's pain went from 8/10-0/10. Hawkins test and impingement test was negative. The patient had right sided facet related pain and right shoulder pain was coming from the impingement with a severity of 7/10 and cervicothoracic pain. Spurling's was positive on the right. The right shoulder exam showed mild tenderness over a.c. joint; moderate tenderness anterior acromion; positive Impingement, Hawkins and Bear Hug test; moderate pain with abduction beyond 80°; and moderate pain with flexion right shoulder beyond 90°. Requested authorization for MRI scan of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) 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
Page(s): 212-214.

Decision rationale: The Physician Reviewer's decision rationale: As per CA MTUS guidelines, routine MRI or arthrography for evaluation without surgical indications is not recommended. The provider note's dated 8/26/2013 did not indicate that surgery was considered as an option. Thus, the medical necessity for right shoulder MRI has not been established and the request is not certified.