

Case Number:	CM13-0044015		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2013
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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, 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 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:

This is a 51 year-old male mechanic who was injured on January 22, 2013 when he slipped on some oil and fell backwards, extending his right arm to break his fall. MRI showed RC tear and retraction. He underwent surgery with [REDACTED] on April 11, 2013. He is currently diagnosed with: right shoulder rotator cuff tear status post arthroscopic exploration with rotator cuff repair with difficulty due to the extent of the retraction and size with subacromial decompression, bursectomy and resection of coracoacromial ligament. The IMR application shows a dispute with the October 10, 2013 UR decision, which was by [REDACTED] and was for denial of a right shoulder MRI requested by [REDACTED] on September 18, 2013.

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.

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 for MRI.

Decision rationale: The September 18, 2013 medical report from [REDACTED], shows the right shoulder flexion at 160 or 180 degrees, and abduction is 150 of 180 degrees. There was also decreased extension, internal and external rotation, 4/5 weakness with flexion and internal rotation and external rotation. Arm drop test was positive on the right. [REDACTED] reviewed [REDACTED] operative report, but did not have the intraoperative pictures. He states the patient is now 5-months from the surgery with continued symptomatology and he wanted a follow-up MRI for further evaluation. MTUS/ACOEM topics mention imaging for the shoulder, but do not mention repeat MRI. ODG guidelines were consulted. ODG states: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." There does not appear to be any significant change in symptoms or findings of significant pathology, there were no findings to suggest recurrent RC tear or impingement. The request for routine follow-up MRI is not in accordance with ODG guidelines.