

Case Number:	CM13-0045145		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2009
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/30/2013

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:

The patient is a 42 year old, male with a date of injury on 5/17/09. The Utilization Review determination being challenged is dated 10/29/13 and recommends denial of MRI right shoulder scan with intra-articular GAD. [REDACTED] is the requesting provider and per his visit notes on 10/10/13, patient complains of right shoulder pain. Patient was a correctional officer in 2009 and was involved in a physical altercation with an inmate where his right arm was pulled and also fell to the ground during the scuffle. He felt pain in the right shoulder and reported the injury. The pain in the shoulder is now becoming more bothersome. He has weakness in the arm and has a hard time getting comfortable. Pain radiates to the fingers and is aggravated by lifting the arm over the head and back. Patient underwent arthroscopy of the right shoulder in 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder scan with intra-articular GAD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 207-208.

Decision rationale: The 10/10/13 orthopedic surgery report from [REDACTED] states the patient was doing well for 2-years following the 2010 right shoulder revision surgery with supraspinatus repair, SAD, Mumford. But in early 2013 he developed increasing pain and weakness without new injury. He is now having difficulty getting a comfortable position and pain is aggravated with lifting the arm overhead and back. He has tingling in the fingers. On exam there was significant weakness on the right compared to the left. Impingement signs were positive. [REDACTED] recommended PT and if there was no improvement, then he recommends an MRI with contrast. The 11/11/13 report from [REDACTED] notes the recommendations for PT, but does not report whether the patient attempted this. I will point out that the orthopedist recommended PT, and if this did not help, then he suggested the MRI with gado contrast. At the current time, there is no indication that the patient tried the PT. MTUS/ACOEM states an indication for shoulder MRI is: "Failure to progress in a strengthening program intended to avoid surgery" but at this time, there is no indication that the patient has failed to progress in a strengthen program. At this time, the patient does not meet the MTUS/ACOEM criteria for shoulder MRI.