

Case Number:	CM13-0054828		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2010
Decision Date:	05/09/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Emergency Department and is licensed to practice in New York. 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 is a 30-year-old female who was injured on May 25, 2010. The patient continued to experience pain in her left shoulder and her left hand. Physical examination was notable for decreased range of motion positive impingement, and minor weakness to two of the rotator cuff muscles. MTI of the left shoulder was done on April 2013 and showed impingement of the supraspinatus muscle with 9 mm tear at the insertion. Diagnoses included left shoulder subacromial impingement syndromes, status post left carpal tunnel release, and left shoulder biceps tenosynovitis. Request for authorization for MRI of the left shoulder was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR LEFT 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): 208-209.

Decision rationale: The Expert Reviewer's decision rationale: Diagnostic imaging of the shoulder is recommended when surgery is being considered or a specific anatomic defect or to

evaluate the possibility of a potentially serious pathology, such as a tumor. MRI of the shoulder is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement in a patient over age the age of 40 with normal plain radiographs and in subacute shoulder pain, when instability/labral tear is suspected. 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 case the patient had had an MRI of her left shoulder 5 months prior to the request for repeat MRI. Repeat MRI of the left shoulder was not indicated. There was no significant change in the patient's signs or symptoms. Medical necessity has not been established and the request should not be authorized.