

Case Number:	CM13-0059185		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2009
Decision Date:	04/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 66 year-old with a date of injury of 07/02/09. A progress report associated with the request for services, dated 10/24/13, identified subjective complaints of right shoulder pain. Objective findings included tenderness to palpation of the shoulder as well as decreased range-of-motion. X-ray of the shoulder showed mild AC joint degenerative changes. Diagnoses included right shoulder impingement syndrome with possible rotator cuff tear. Treatment options were pending the results of the MRI. A Utilization Review determination was rendered on 11/13/13 recommending non-certification of "MRI joint upper extremities w/o dye quantity: 1 (MRI, right shoulder)".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI JOINT UPPER EXTREMITIES W/O DYE QUANTITY: 1 (MRI, RIGHT SHOULDER): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208 and 214..

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. The Guidelines further outline the following criteria for imaging studies as emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive surgery. In this case, the record does not indicate any trial of conservative therapy or anticipated surgery. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the record does not document the medical necessity for a shoulder MRI.