

Case Number:	CM13-0059627		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2010
Decision Date:	03/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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:

The patient is a 59 year old male with date of injury 4/7/10. The treating physician report dated 10/25/13 indicates the diagnoses as lateral epicondylitis, joint pain upper arm, psychogenic pain NEC, anxiety, depressive disorder, osteoarthritis, joint pain shoulder and rotator cuff dis NEC. Review of the utilization review report dated 11/19/13 denied open MRI right shoulder based on lack of objective evidence and that the guidelines do not support routine repeat MRI scans.

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), Magnetic Resonance Imaging (MRI)

Decision rationale: The patient presents with continued symptoms affecting his right shoulder as documented in the AME report dated 6/15/13. The patient is post surgical arthroscopic subacromial decompression, arthroscopic acromioplasty with extensive surgical debridement of

the undersurface of the rotator cuff. There is documented suspicion of recurrence of a rotator cuff tear. The AME states "A repeat MRI is necessary in this patient before he can be determined to be permanent and stationary, along with a second opinion consultation." There is orthopedic evidence of impingement syndrome and possible recurrence of rotator cuff tear. The California MTUS guidelines do not address MRI. The ODG guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The AME has documented that significant pathology may be present based on physical examination and ODG supports a repeat MRI. The recommendation is for authorization.