

Case Number:	CM13-0062423		
Date Assigned:	04/25/2014	Date of Injury:	08/10/2012
Decision Date:	06/13/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 47-year-old male who injured his right shoulder on 08/10/2012. The mechanism of injury was unknown. The clinical notes dated 02/06/2014 indicated a diagnosis of other rotator cuff syndrome, other affections of the shoulder, sprain/strain shoulder and partial tear of the rotator cuff. The injured worker reported constant pain to the right shoulder rated 7/10. On physical exam, the right shoulder was tender at the acromioclavicular joint and anterior aspect. The right shoulder abduction was 110 degrees and flexion was 120 degrees. The injured worker's rotation was restricted and painful. The injured worker's Yergason, Speeds, Neer and Hawkins' test were positive. The injured worker was in a physical therapy program at the current time. The official MRI (magnetic resonance imaging) dated 02/29/2014 of the right shoulder indicated a full thickness tear of the distal fibers of the supraspinatus tendon with atrophy of the muscle belly and moderate a.c. joint arthritis. The medication regimen was hydrocodone. There was no request for authorization submitted.

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, PER REPORT 10/31/13, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER (ACUTE & CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRI).

Decision rationale: The clinical noted dated 02/06/2014 indicated diagnoses of other rotator cuff syndrome, other affections shoulder, sprain/strain shoulder, and partial tear of the rotator cuff. The American College of Occupational and Environmental Medicine Guidelines recommend imaging studies for a patient whose limitations due to consistent symptoms have persisted for one month or more. The Official Disability Guidelines (ODG) indicates that magnetic resonance imaging (MRI) for acute shoulder trauma, suspect rotator cuff tear/impingement, patients over age 40, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker underwent an MRI on 02/29/2014 which showed a full thickness tear. Per ODG, a repeat MRI is not routinely recommended and should be kept for significant changes in symptoms. Therefore, the request for MRI of the right shoulder is non- certified.