

Case Number:	CM13-0063534		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2012
Decision Date:	07/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 41-year-old male who reported an injury on 05/01/2012. The mechanism of injury was not specifically stated. Current diagnoses include status post right shoulder surgery, status post left shoulder dislocation, bilateral shoulder bursitis and impingement, left shoulder positive anterior instability, right wrist possible ganglion cyst, SLAP lesion of the left shoulder, and Hill-Sachs impaction fracture with Bankart lesion. The injured worker was evaluated on 09/20/2013. The injured worker reported 7/10 pain. Physical examination of the right shoulder revealed 0 to 160 degrees flexion, 0 to 160 degrees abduction, 0 to 70 degrees external and internal rotation, positive mild AC joint tenderness, positive impingement and bursitis, 5/5 strength, and intact sensation. X-rays obtained in the office on that date indicated moderate AC joint degenerative joint disease. It is noted that the injured worker underwent an MRI of the right shoulder on 06/25/2012 and 04/08/2013. Treatment recommendations at that time included a pain psychology consultation, a left shoulder anterior open reconstruction, and an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. The injured worker previously underwent an MRI of the right shoulder on 06/25/2012 and 04/08/2013. There is no evidence of a significant change in symptoms or physical examination findings that would warrant the need for a repeat MRI. There is no mention of an attempt at conservative treatment. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.