

Case Number:	CM13-0067910		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2013
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopedic Surgery, 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 patient is a 53-year-old male who reported an injury on 04/22/2013. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with rule out right shoulder rotator cuff tear, status post right rotator cuff repair; rule out C5-6 radiculopathy, and left shoulder subacromial impingement syndrome. A request for authorization was submitted by [REDACTED] on 11/22/2013 for an MRI of the right shoulder. The latest physician progress report submitted by [REDACTED] is an incomplete progress note on 11/19/2013. The patient reported persistent right shoulder and cervical spine pain. Physical examination of the right shoulder revealed diminished range of motion, positive impingement testing, positive Neer and Allen's testing, and muscle guarding. Treatment recommendations included an MRI of the cervical spine and bilateral shoulders, as well as electrodiagnostic testing of bilateral upper extremities.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online edition Chapter: Shoulder.

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

Decision rationale: The ACOEM Guidelines state the 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 patient has previously undergone an MRI of the right shoulder. There is no documentation of a significant change in the patient's symptoms or physical examination findings that would warrant the need for a repeat imaging study. There is no evidence of an exhaustion of recent conservative treatment. Based on the clinical information received, the request is not medically necessary and appropriate.