

Case Number:	CM13-0068731		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2013
Decision Date:	04/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 35-year-old male who reported an injury on April 15, 2013. The patient was reportedly pulling trash from a crate when he injured his right upper extremity. The patient is currently diagnosed with shoulder strain, complete rupture of the rotator cuff, and shoulder pain. The patient was recently seen by [REDACTED] on November 11, 2013. The patient was status post right shoulder arthroscopy with labral resection, synovectomy, and subacromial decompression. The patient reported persistent pain with weakness and loss of motion in the right upper extremity. Physical examination on that date revealed slightly decreased range of motion, tenderness to palpation, and 4/5 strength. Treatment recommendations included an MRI scan of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REPEAT MRI OF THE RIGHT SHOULDER / UPPER ARM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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 is status post right shoulder arthroscopic surgery. However, there is no documentation of an exhaustion of conservative treatment prior to the request for an additional MRI. There were no plain films obtained prior to the request for an imaging study. The patient's physical examination on the requesting date only revealed slightly diminished range of motion with tenderness to palpation. There was no documentation of crepitus or instability. The medical necessity for the requested procedure has not been established. Therefore, the request for a repeat MRI of the right shoulder / upper arm is non-certified.