

Case Number:	CM13-0069900		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2013
Decision Date:	04/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 and hand 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 59-year-old female with diagnosis of right shoulder rotator cuff tear/impingement/glenohumeral instability, bilateral knee pain, and bilateral arthropathy. The patient was seen on 12/20/2013 for initial orthopedic consultation with persistent pain and loss of motion of her right shoulder. She has pain with any overhead use. Physical exam of right shoulder passively is able to abduct and externally rotate 45 degrees, abduction 60 degrees, and forward flexion 120 degrees. The patient had x-rays of right scapula that showed a type 1 acromion with a hook. X-rays of the right AC joint showed mild osteoarthritis with mild decreased joint space. An MRI of the right shoulder was completed on 10/12/2013. All of these x-rays and MRIs are just documented on the physician note, no official transcripts sent for review. The MRI showed a large rotator cuff tear involving the supraspinatus and the infraspinatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AN 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI Section

Decision rationale: The patient was seen on 12/20/2013 for an orthopedic consult. The patient notes persistent pain and loss of motion of the right shoulder. She has pain with any overhead use, symptoms are tolerable as long as her hand is at her side. The physician noted significant weakness and pain with supraspinatus testing as well as external rotation. There is crepitus with range of motion, shoulder abducted and rotated. An MRI of the shoulder, which this reviewer does not have the official transcript for review, the physician noted was completed on 10/12/2013 which showed a large rotator cuff tear involving the supraspinatus and infraspinatus. The physician stated atrophy of the supraspinatus and infraspinatus, severe subacromial impingement. It was noted as part of the assessment that the patient has tried physical therapy but she still is having significant discomfort. CA MTUS/ACOEM does not address repeat MRIs. Official Disability Guidelines states repeat MRIs are not routinely recommended, it should be reserved for significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture). Again, the patient has had an MRI already completed from the documentation provided there was not significant change in symptoms and/or findings at this time that would medically support another MRI. Therefore, the request is non-certified.