

Case Number:	CM14-0000938		
Date Assigned:	01/22/2014	Date of Injury:	04/30/2010
Decision Date:	06/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 30, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, earlier shoulder surgery and extensive periods of time off of work. In a utilization review report dated December 2, 2013, the claims administrator denied a request for shoulder MRI imaging. The claims administrator invoked ACOEM but did not mention or reference the guideline in its decision in any way, whatsoever. The applicant's attorney subsequently appealed. In a progress note dated November 14, 2013, the applicant was described as reporting persistent shoulder pain which was aggravated with all of his daily activities. The applicant exhibited limited shoulder range of motion with elevation to 90 degrees and 3-4/5 shoulder strength noted. Positive signs of internal impingement were present. The attending provider placed the applicant off of work, on total temporary disability and suggested that the applicant obtain MRI imaging of the injured shoulder, noting that the applicant had failed earlier shoulder surgery, subacromial decompression, revision rotator cuff repair, and platelet-rich plasma injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, the applicant has persistent complaints of shoulder pain. The applicant has persistent issues with shoulder weakness and limited shoulder range of motion, all of which call in the question of possible rotator cuff tear. The attending provider had seemingly suggested that the applicant would act on the results of the study in question and would consider further surgery were it offered to him. MRI imaging is therefore indicated, for all of the stated reasons. Therefore, the request is medically necessary.