

Case Number:	CM14-0001321		
Date Assigned:	01/22/2014	Date of Injury:	02/03/2003
Decision Date:	08/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 hand, wrist, and shoulder pain reportedly associated with an industrial injury of February 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy. In a Utilization Review Report dated December 31, 2013, the claims administrator denied a request for shoulder MRI imaging. The claims administrator seemingly based the decision entirely on non-MTUS ODG Guidelines and did not, moreover, explicitly incorporate cited MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. A December 12, 2013 progress note is notable for comments that the applicant had persistent complaints of shoulder pain, progressively worsening over time. The applicant was dropping things. The applicant stated that her right shoulder is worse than the left. The applicant was status post two prior shoulder surgeries and had well-healed surgical scars noted about the same. The attending provider did report weakness and pain on performing strength testing with positive signs of internal impingement. The applicant's work status was not provided. Repeat shoulder MRI was sought. It was stated that the applicant was permanent and stationary. An April 1, 2013, medical-legal evaluation was notable for comments that the applicant was no longer working and had been laid off of by her former employer.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute Shoulder Section.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is recommended for the preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. In this case, the applicant is status post two prior shoulder surgeries. The attending provider suggested that the applicant has persistent pain and positive provocative testing suggestive of a repeat rotator cuff tear for which repeat surgery and repeat preoperative MRI imaging may be indicated. Therefore, the request is medically necessary.