

Case Number:	CM14-0003295		
Date Assigned:	01/29/2014	Date of Injury:	09/29/2012
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 injured worker is a 54 year old female with a reported injury date on 10/01/2012; the mechanism of injury was not provided. The operative report dated 06/11/2013 noted that the injured worker underwent a right shoulder arthroscopy with debridement of articular-sided supraspinatus, subacromial decompression with acromioplasty, rotator cuff repair, and distal clavicle excision. The clinical note dated 12/09/2013 noted that the injured worker had complaints of stiffness to the right shoulder and pain with overhead use. Objective findings included range of motion measured at 130 degrees of active forward flexion. It was noted that the injured worker had underwent 25 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Upheld

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): 207-209.

Decision rationale: It noted that the injured worker underwent a right shoulder surgery on 10/01/2012. The clinical note dated 12/09/2013 noted that the injured worker had complaints of

stiffness to the right shoulder and pain with overhead use. Objective findings included range of motion measured at 130 degrees of active forward flexion. It was noted that the injured worker had underwent 25 sessions of physical therapy. ACOEM guidelines state that imaging studies can be ordered if there is an emergence of a significant change in symptoms, evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or need for clarification of the anatomy prior to an invasive procedure. The medical necessity for an MRI has not been established. There is no documented evidence that the injured worker has significant symptomatology to suggest that a MRI would be beneficial. As such this request is not medically necessary or appropriate.