

Case Number:	CM14-0007603		
Date Assigned:	02/10/2014	Date of Injury:	09/21/2012
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 49-year-old male with a 9/21/12 date of injury to his right shoulder. He had right rotator cuff repair, Mumford procedure, and labral debridement in July 2011 and then returned to his work duties as a correctional officer. He had another surgery in 2012 for a repair of a partial rotator cuff tear, but the operative report was not available. He was seen on 1/8/14 with right shoulder pain complaints. Exam findings revealed no tenderness over the AC joint or biceps tendon. Abduction was to 120 degrees, forward flexion to 160 degrees, external rotation to 60 degrees, and internal rotation to 90 degrees. Slight weakness was noted with external rotation and abduction. His diagnosis was right shoulder rotator cuff tear. A repeat MRI was ordered as the one prior was more than a year old. Surgery was also requested for repair of the right rotator cuff, which was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI.

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient is noted to have had recent authorization for another rotator cuff repair in the right shoulder based on clinical findings and an MRI from 2012. Thus, another MRI would be medically futile as the patient's surgery has already been certified and direct visualization of the joint will be seen during surgery. Therefore, the request for MRI of the right shoulder was not medically necessary.