

Case Number:	CM14-0008592		
Date Assigned:	02/12/2014	Date of Injury:	02/14/2013
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
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 Orthopaedic Surgery 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 injured worker is a 49-year-old male who was injured on February 14, 2013. The original injury is documented as occurring when the injured worker was pulling down a rollup door on a truck. On December 4, 2013, the injured workers is documented as presenting with continued complaints of left shoulder pain described as aching, burning, dull, piercing, sharp, and throbbing. The injured worker is documented as being status-post operative intervention on June 20, 2013 for capsular release, debridement, and microfracture. The examination documents diminished left shoulder range of motion, a positive Hawkins and a positive Neer's tests. The diagnosis provided is osteoarthritis involving shoulder. Subsequent diagnoses on the December 17, 2013 visit concluded capsulitis of the shoulder, shoulder pain, and myofascial pain. The agreed medical evaluator (AME) dated December 17, 2013 indicates that the surgeon is considering operative intervention to address the 15 mm chondral defect in the humeral head that was previously treated with microfracture. In light of this, the examiner recommends an MRI (magnetic resonance imaging). The utilization review in question was performed on December 19, 2013. The reviewer HAS non-certified the request for a 3 Tesla MRI of the left shoulder. The reviewer noncertified the claim noting that the qualified medical evaluator (QME) recommended the MRI and a 2nd opinion. The reviewer recommends a 2nd opinion be obtained prior to the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T MRI OF THE LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PROCTICE GUIDELINES, 2ND EDITION, 2008, SHOULDER COMPLAINTS, 561-563

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207 accessed electronically,.

Decision rationale: The request meets the American College of Occupational and Environmental Medicine (ACOEM)'s guidelines. Specifically, the imaging study is being utilized for clarification of the anatomy (cartilage defect on the humeral head) prior to potential operative intervention. Additionally, the injured worker has continued with symptoms despite postoperative physical therapy and 5 months of conservative management. As such, the request is considered medically necessary.