

Case Number:	CM14-0008670		
Date Assigned:	02/21/2014	Date of Injury:	05/10/2010
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/22/2014

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 Emergency Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in New York. 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 patient is a 27-year-old male who was injured on May 10, 2010. The patient continued to experience pain in his low back, upper back, and right shoulder. Physical examination was notable for tenderness over the bilateral lumbar paraspinal muscles, tenderness over the thoracic paraspinal muscles, normal motor strength, normal sensation, full range of motion to the right shoulder, and pain in the right rhomboid. The patient had an MRI of the right shoulder in January 2013 and showed superior labral tear and impingement. Right shoulder arthrography was performed in January 2013 and showed no rotator cuff tear. Diagnoses included low back pain, upper back pain, and right shoulder pain. Treatment included medications and physical therapy. Request for authorization for MRI of the right shoulder was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, SHOULDER COMPLAINTS, 561-563

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , 9, SHOULDER COMPLAINTS,
207-208

Decision rationale: Primary criteria for ordering imaging studies are emergence of a red flag physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. In this case the patient had a prior MRI done in January 2013. There is no documentation the patient's examination had changed since the MRI was performed. There is no medical indication for repeat MRI in this patient. The request is not medically necessary.