

Case Number:	CM14-0008765		
Date Assigned:	02/12/2014	Date of Injury:	07/19/2001
Decision Date:	07/08/2014	UR Denial Date:	12/24/2013
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 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 62-year-old male with a 7/19/01 date of injury to his shoulder after climbing a telephone pole. An MRI of the right shoulder from 12/09/01 revealed moderate impingement and rotator cuff partial tear. He is status post right rotator cuff repair with labral debridement on 1/29/02. The patient had another right shoulder surgery on 12/31/04 presumed to be a Mumford. He was most recently seen on 12/9/13 complaining of shoulder weakness. Exam findings revealed positive O'Brien's test, a decreased range of motion and lateral rotation in the shoulder. Treatment to date: medications, injections, work restriction. A UR decision dated 12/23/13 denied the request given a repeat MRI should be reserved for a significant change in symptoms.

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: 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 had his last MRI in 2001 showing a repeat several months later. The documentation provided gives scant physical exam findings that do not support any significant change in this patient's symptoms. In addition, a 12/9/13 progress note describes pain in the left shoulder and the exam findings did not specify which shoulder was being examined. The documentation is not sufficient to reflect any significant change in complaints of exam findings of the right shoulder. The request as submitted was not medically necessary.