Case Number:	CM14-0013178		
Date Assigned:	02/24/2014	**Date of Injury:**	07/14/2008
Decision Date:	06/26/2014	**UR Denial Date:**	01/21/2014
Priority:	Standard	**Application Received:**	02/03/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 57 year-old male with a 7/14/08 date of injury. According to the 12/11/13 orthopedic report from [redacted], the patient presents with right shoulder pain, and his impression is 1) history of right shoulder rotator cuff repair; 20 s/p cervical spine fusion at C5/6 with recurrent neck pain and arm paresthesias; 3) history of rihgt carpal tunnel and a right cubital tunnel releases; and 4) mild right CTS by Electromyography (EMG) done on 7/5/13. Right shoulder Abduction was 160, flexion was 150, internal rotation was 50 and external rotation was 60 degs. Hawkins and Neers were positive, and Jobes was positive. There was weakness in the rotator cuff. The plan was to order a 3 tesla MRI of the right shoulder to r/o rotator cuff tear and of the cervical spine to r/o spinal stenosis. On 1/21/14, the Utilization Review (UR) recommends non-certification for a repeat MRI of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT 3 TESLA MAGNETIC RESONANCE IMAGE (MRI) OF THE RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Online Shoulder Disorders

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

Decision rationale: The presents with right shoulder pain and a history of prior rotator cuff repair from a 2008 injury. On 12/11/13, the orthopedic surgeon notes positive impingement signs, decreased Range of Motion (ROM), and weakness in the rotator cuff on manual testing. He provides a cortisone injection and requested an MRI to evaluate for rotator cuff tear. The follow-up was on 2/12/14, the patient was still having some benefit from the cortisone injection. ROM remained the same and there was still rotator cuff weakness and impingement signs. There were no other medical reports or imaging studies provided for this IMR. This Independent Medical Review (IMR) pertains to the 3 tesla MRI request for the right shoulder. MTUS/ACOEM guidelines criteria for ordering imaging studies includes: Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) and - Failure to progress in a strengthening program intended to avoid surgery. The patient appears to have been sent to the current orthopedic surgeon for the persistent right shoulder problem. Based on the 2 medical reports provided for IMR, the request appears to be in accordance with MTUS/ACOEM guidelines. The request is medically necessary and appropriate.