

Case Number:	CM14-0017213		
Date Assigned:	04/14/2014	Date of Injury:	05/10/2010
Decision Date:	05/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 27-year-old male who reported an injury on 05/10/2010. The mechanism of injury was not provided for review. The injured worker was evaluated in 03/2013. It was documented that the injured worker had a right shoulder MRI that revealed a SLAP lesion with some impingement. That MRI was not provided for review. A recommendation for surgical intervention was made at that time. The injured worker was evaluated on 12/10/2013. The injured worker complained of continued shoulder pain. Physical findings included pain rated 3/10 with tenderness to palpation in the rhomboid musculature with full active range of motion and 5/5 muscle strength. The injured worker's diagnoses included low back pain, upper back pain, and shoulder pain. A request was made for an MRI of the right upper extremity. It was documented that the injured worker had undergone an MRI in 12/2010 which showed small tears in the labrum and supraspinatus. An additional MRI was requested to assess the areas of injury and to determine if there were any changes in the injured worker's pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI.

Decision rationale: The requested MRI of the shoulder is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address repeat imaging. The Official Disability Guidelines do not support repeat imaging unless there is a significant change in the injured worker's pathology. The clinical documentation submitted for review does indicate that the injured worker underwent an MRI in 02/2013 that provided support for surgical intervention. There is no documentation of a significant change in the injured worker's clinical presentation or treatment interventions that would alter the injured worker's diagnoses. Therefore, the need for an additional MRI is not clearly indicated. As such, the requested MRI of the right shoulder is not medically necessary or appropriate.