

Case Number:	CM14-0018719		
Date Assigned:	04/18/2014	Date of Injury:	02/13/2010
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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:

According to the records made available for review, this is a 57-year-old female with a 2/13/10 date of injury, and status post right scalenectomy. At the time (2/3/14) of the request for authorization for MRI right shoulder, there is documentation of subjective (restricted right shoulder range of motion, right shoulder pain) and objective (right shoulder range of motion limited with abduction down to 30, and forward flexion 150 degrees, persistent right periscapular tenderness) findings, current diagnoses (right thoracic outlet syndrome, associated right shoulder adhesive capsulitis), and treatment to date (medications and activity modification). 12/16/13 medical report identifies a request for an MRI of the right shoulder in consideration of possible orthopedic consultation for manipulation under anesthesia.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Online Version, Shoulder, MRI Studies/ Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Non-MTUS, Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of right thoracic outlet syndrome, associated right shoulder adhesive capsulitis. However, despite documentation (12/16/13 medical report) that the intention of the request for an MRI of the right shoulder is in consideration of possible orthopedic consultation for manipulation under anesthesia, there is no documentation of a condition/diagnosis for which a shoulder MRI would be indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI right shoulder is not medically necessary.