

Case Number:	CM14-0116862		
Date Assigned:	09/23/2014	Date of Injury:	06/10/2006
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 injured worker is a 53-year-old male with a reported date of injury of 06/10/2006. The mechanism of injury was not listed in the records. The diagnosis included left shoulder rotator cuff tear. The past treatments included pain medication, physical therapy, and surgical intervention. There were no diagnostic imaging studies provided for review. The surgical history included right total reverse shoulder surgery. The subjective complaints included pain in the right shoulder. The physical examination findings noted limited abduction and external rotation of the left shoulder with pain on palpation. The medications included oxycodone and Motrin. The treatment plan was to order an MRI of the left shoulder. A request was received for magnetic resonance imaging for the left shoulder without dye. The rationale for the MRI was that the patient has a recurrent left shoulder problem. The Request for Authorization Form was dated 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging for left shoulder without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
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Decision rationale: The request for magnetic resonance imaging for left shoulder without dye is not medically necessary. The California MTUS/ACOEM Guidelines state that routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when red flags are noted on history or physical examination. The 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 anatomy prior to invasive procedure. The notes indicate that the patient has a recurrent left shoulder problem, however, it does not provide any detail in the physical examination as to what the recurring problem is. Additionally, there is no documentation of onset of symptoms. There is no evidence in the notes of any red flags, physical exam findings suggestive of tissue injury or neurovascular dysfunction, or failure to progress in a strengthening program, or a plan for invasive procedure. Therefore, the criteria for an imaging study have not been met. As such, the request is not medically necessary.