

Case Number:	CM14-0122230		
Date Assigned:	08/06/2014	Date of Injury:	06/30/2008
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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:

According to the records made available for review, this is a 67-year-old female with a 6/30/08 date of injury. At the time (6/18/14) of request for authorization for MRI of the Left Shoulder without Contrast, there is documentation of subjective (left shoulder pain) and objective (left shoulder abduction to 90 with associated pain and bilateral upper extremities motor strength of 5/5) findings, current diagnoses (left shoulder adhesive capsulitis), and treatment to date (medications and physical therapy). There is no documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears; acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder without Contrast: Upheld

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

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

Decision rationale: M 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 a diagnosis of left shoulder adhesive capsulitis. However, there is no documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. In addition, there is no documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear. Therefore, based on guidelines and a review of the evidence, the request for left shoulder adhesive capsulitis is not medically necessary.