

Case Number:	CM14-0123402		
Date Assigned:	08/08/2014	Date of Injury:	08/07/2013
Decision Date:	09/25/2014	UR Denial Date:	07/10/2014
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 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:

The patient is a 46-year-old male who has submitted a claim for s/p repair of rotator cuff tear and biceps tenodesis (1/10/14) associated with an industrial injury date of August 7, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of shoulder pain and a shoulder lump. On examination, patient was found to have a lump on the shoulder that appeared to be a lipoma and had been present before without a significant change in size. Range of motion of the shoulder was full actively and passively. Treatment to date has included repair of rotator cuff tear, biceps tenodesis and medications. Utilization review from July 10, 2014 denied the request for right shoulder magnetic resonance imaging (MRI) because there was no documentation of any abnormal finding on physical examination suspicious for failure of the rotator cuff to heal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Magnetic Resonance Imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<<http://www.odg-twc.com/odg-twc.com/odgtwc/shoulder.htm>>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

Decision rationale: As stated on pages 208, 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, an MRI of the right shoulder was requested by the provider to assess a lump for possible tear of deltoid fibers. However, the patient can be considered to be doing well. There was no mention of any objective finding to suggest that the rotator cuff has not healed. There was no strength testing showing unexplained weakness. No discussion of loss of ROM that might suggest a rupture was available. The patient did not satisfy the criteria mentioned above. Therefore, the request for right shoulder magnetic resonance imaging (MRI) is not medically necessary.