MAXIMUS Federal Services

Case Number:	CM14-0127541		
Date Assigned:	08/15/2014	Date of Injury:	10/02/2011
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice and is licensed to practice in Ohio. 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 sustained an injury to his right shoulder and neck on October 21 of 2011 whereby he was lifting a powerwasher. An initial MRI of the right shoulder from June 14, 2012 revealed a complete supraspinatus tendon tear, infraspinatus tendinitis, and acromioclavicular joint arthritis. The injured worker has been treated with a variety of pain medications and has had numerous rounds of physical therapy. He continues to experience right shoulder pain and evidence of severe range of motion restriction. An MRI scan of the right shoulder was repeated on August 22, 2013. This time, no evidence of a tear to the supraspinatus tendon could be found but there was moderate to severe tendinitis/tendinosis of that tendon. The treating physician requested shoulder surgery in early 2014. Request for that surgery was denied on July 18 of 2014 citing a lack of conservative treatment. A recent request for another MRI scan of the right shoulder was denied. The records reviewed today include the agreed medical examiner report from June 23 of 2014. That report essentially recounts the chronologic history to date and suggested that the previous impairment ratings not be modified. The most recent office visit note available from the treating physician does not reference the right shoulder MRI of August 22, 2013. An updated MRI scan was requested while a decision was pending regarding the request for surgery. There are no notes from any treatment provider attempting to explain the discrepancy between the two MRI reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per the American College of Occupational and Environmental Medicine guidelines, anatomic definition by means of imaging is commonly required to guide surgery or other procedures when it comes to the shoulder. When surgery is considered for a specific anatomic defect such as a rotator cuff tear, MRI and arthropathy have fairly similar diagnostic and therapeutic impact with comparable accuracy, although MRI is more sensitive and less specific. In this instance, an MRI scan of the right shoulder had been done as recently as August 22, 2013, the results of which did not indicate a need for surgery. Because the request for right shoulder surgery was denied on July 18 of 2014, there seems to be no plausible reason to repeat the scan within a year. Therefore, the request for repeat MRI without contrast of the right shoulder is not medically necessary.