

Case Number:	CM14-0127662		
Date Assigned:	08/15/2014	Date of Injury:	05/14/2003
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
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 Orthopedic Surgery 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 claimant is a 53 year old female who injured her neck and upper extremities in a work related accident related to repetitive stress on 05/14/03. The PR2 report on 07/16/14 describes an increased flare of pain in the right shoulder radiating to the elbow. Physical examination showed limited range of motion, positive impingement testing, and positive Tinel's testing at the elbow. There was no documentation regarding prior imaging of the shoulder. There was documentation that the claimant had been treated in the past with "bilateral shoulder surgeries". The right shoulder was noted to have been status post two prior rotator cuff repair procedures. There was no documentation of other clinical symptoms or signs of weakness on examination. Records also fail to demonstrate recent conservative treatment that has been utilized in regards to the claimant's right shoulder.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: Based on California ACOEM Guidelines, the request for an MRI of the right shoulder is not recommended as medically necessary. While the medical records document that the claimant is status post two right shoulder surgeries including rotator cuff repair, there is no documentation of prior imaging reports or imaging findings. The medical records do not document any evidence of weakness indicative of re-injury to the rotator cuff. There is also no documentation of recent conservative care provided for the claimant's symptoms. Without documentation of any of the above, the request for an MRI of the right shoulder based on symptoms of impingement alone would not be medically necessary at this stage in claimant's course of care.