

Case Number:	CM14-0174969		
Date Assigned:	10/28/2014	Date of Injury:	02/03/2011
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal Medicine, and is licensed to practice in New York. 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 66 year old woman with a date of injury of 2/3/11. She was seen by her physician on 9/10/14 with complaints of right shoulder pain. She has received physical therapy and acupuncture in the past. She had a rotator cuff tear diagnosed on MRI of the right shoulder in 2013 and she did not undergo the recommended surgery. Her shoulder exam showed range of motion 140-150 degrees in abduction and flexion and 160 degrees passively and internal rotation to 70 degrees and external rotation to 90 degrees. Palpation of the cervicothoracic region revealed palpable tightness with tenderness as well as tenderness over the shoulder. Strength was 4+/5 with flexion and abduction. She had impingement signs on the Neer and Hawkins tests and normal sensation and reflexes. The impression was a right rotator cuff tear diagnosed on a 2013 MRI. At issue in this review is a repeat right shoulder MRI.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic right shoulder pain is for a MRI of the right shoulder. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and given her prior history of a 2013 MRI showing a rotator cuff tear, a repeat MRI of the right shoulder is not medically indicated.