

Case Number:	CM14-0020160		
Date Assigned:	04/25/2014	Date of Injury:	06/19/2008
Decision Date:	07/07/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/18/2014

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 and 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 62-year-old male with a 6/19/08 date of injury, and status post left shoulder arthroscopy with SAD 6/23/10 and status post Mumford procedure. At the time (2/6/14) of request for authorization for MRI to left shoulder, there is documentation of subjective (difficulty sleeping on either side, difficulty working either arm at shoulder level or above) and objective (flexion and abduction 120 and external rotation 20) findings, imaging findings (x-rays (11/12/13) revealed moderate degenerative changes of the glenohumeral joint, subacromial space narrowed, and evidence of previous Mumford procedure), current diagnoses (status post left shoulder arthroscopy with SAD 6/23/10 and status post Mumford procedure), and treatment to date (activity modification and medications). 11/13/13 RFA identifies a request for shoulder MR to rule/out rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI TO LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The 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 status post left shoulder arthroscopy with SAD 6/23/10 and status post Mumford procedure. In addition, there is documentation of a suspected rotator cuff tear. Therefore, based on guidelines and a review of the evidence, the request for MRI to left shoulder is medically necessary.