

Case Number:	CM14-0025178		
Date Assigned:	06/13/2014	Date of Injury:	06/09/2012
Decision Date:	08/04/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 has a subspecialty in Interventional Spine 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 35 year old with an injury date on 6/9/12. Patient complains of right shoulder pain present 75% of the time, rated 2-8/10 per 10/10/13 QME report. Patient's pain is increased with heavy lifting, and prior physical therapy sessions have mostly focused on his wrist per 10/10/13 QME. Based on the 1/28/14 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder SLAP tear 2. right wrist pain 3. right knee pain Exam of right shoulder on 1/28/14 showed "pain with hyperabduction of right shoulder and grinding with a positive Jobe's test on his superior labrum. Negative impingement test, negative cross arm adduction test, and has full range of motion." [REDACTED] is requesting MRI of the right shoulder with Gadolinium. The utilization review determination being challenged is dated 2/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/1/13 to 4/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT SHOULDER WITH GADOLINIUM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation ODG-TWC guidelines has the following:(<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>) (MRI)".

Decision rationale: This patient presents with right shoulder pain, right wrist pain, and right knee pain. The treater has asked for MRI of the right shoulder with Gadolinium on 1/28/14 for "labral pathology." Review of the report shows patient had prior MRI of the right shoulder on 8/22/13 which showed normal findings except for fluid in the joint, and was a low quality test without interarticular contrast. The 1/28/14 report states symptoms have not changed. ODG guidelines state that repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, patient's prior MRI did not show an appreciable labral tear, only minimal subacromial fluid collection and the treater has requested a repeat MRI of the right shoulder as prior MRI did not have contrast. For an updated MRI, however, ODG guidelines require a progression of symptoms which this patient does not present with. Recommendation is for denial.