

Case Number:	CM14-0034920		
Date Assigned:	06/23/2014	Date of Injury:	12/19/2006
Decision Date:	08/20/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physicla Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 56-year-old male who was reputedly injured on 12/19/2006 while pushing and pulling packages. A magnetic resonance image of the right shoulder on 06/18/2010 showed mild glenohumeral joint arthritis with an osacromiale and extensive secondary arthritis and impingement on the rotator cuff with bursitis, tendonosis and partial tears of the supra and infraspinatus tendons, a large full thickness tear of the supraspinatus tendon with retraction, small complete full thickness tear of the suprasinatus tendon and a moderate superior labral and small posterior labral tear with a joint effusion. The injured worker saw a qualified medical evaluator on 05/23/2013 for chronic right neck and right shoulder pain. On 09/12/2013 the injured worker requested trigger point injections that was received . Only tenderness has been noted on occasion to the right shoulder. On 12/30/2013 the injured worker reported tenderness and weakness. On 02/10/2014, the injured worker reported persistent right shoulder pain that had become worse and could not be raised more than 30 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI JOINT UPR EXTREM W/O DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: As per ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. As per CA MTUS guidelines, the primary criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction (e.g., weakness from a massive rotator cuff tear), Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In this case, the previous MRI of the right shoulder has showed significant and extensive pathology in the joint structure. Furthermore, there is no ambiguity in diagnosis and there is no evidence of any new injuries, red flag sign or plan for surgery. The request is not medically necessary.