

Case Number:	CM14-0049797		
Date Assigned:	07/07/2014	Date of Injury:	05/16/2012
Decision Date:	08/22/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventive Medicine, 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 47-year-old male with a 5/16/12 date of injury. At the time (4/7/14) of the Decision for magnetic resonance imaging (MRI) scan for the left shoulder, there is documentation of subjective (depression and anxiety) and objective (positive shoulder depression test bilaterally, tenderness over the rotator cuff muscle, trapezius muscles and acromioclavicular joint) findings, imaging findings (MRI of the left shoulder (11/12/13) report revealed interstitial partial-thickness tear of the distal supraspinatus tendon. Subscapularis and infraspinatus tendinosis. Acromioclavicular osteoarthritis which cause impingement on the supraspinatus), current diagnoses (left shoulder sprain and strain with impingement syndrome and left shoulder rotator cuff syndrome), and treatment to date (medication). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) scan for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 pages 561-563 Summary of recommendations and evidence Table 9-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI) Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: According to the records made available for review, this is a 47-year-old male with a 5/16/12 date of injury. At the time (4/7/14) of the Decision for magnetic resonance imaging (MRI) scan for the left shoulder, there is documentation of subjective (depression and anxiety) and objective (positive shoulder depression test bilaterally, tenderness over the rotator cuff muscle, trapezius muscles and acromioclavicular joint) findings, imaging findings (MRI of the left shoulder (11/12/13) report revealed interstitial partial-thickness tear of the distal supraspinatus tendon. Subscapularis and infraspinatus tendinosis. Acromioclavicular osteoarthritis which cause impingement on the supraspinatus), current diagnoses (left shoulder sprain and strain with impingement syndrome and left shoulder rotator cuff syndrome), and treatment to date (medication). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.