

Case Number:	CM14-0051173		
Date Assigned:	07/07/2014	Date of Injury:	06/26/2002
Decision Date:	08/27/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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 58-year-old female with a 6/26/02 date of injury, and status post shoulder surgery and manipulation under anesthesia (date undocumented). At the time (4/15/14) of request for authorization for MRI of the right shoulder, there is documentation of subjective (persistent discomfort and in the cervical spine and right shoulder) and objective (pain on palpation of the subacromial space and acromioclavicular joint, and distal supraspinatus and infraspinatus, pain with attempts of abduction and elevation above shoulder level, difficulty performing full active range of motion secondary to pain at the glenohumeral joint) findings, imaging findings (right shoulder x-rays (2/9/14) revealed small ossicle at the attachment of the supraspinatus; right shoulder MR arthrogram (11/5/08) revealed significant findings consistent with prior acromioplasty, distal supraspinatus tendinitis, and increased signal intensity at the greater tuberosity of the humerus, and possible supraspinatus tendinitis), current diagnoses (persistent right shoulder pain). A 4/1/14 medical report identifies that given the persistent pain in the shoulder and the previous MRI findings, a current MRI is recommended. 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:

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Shoulder Procedure Summary.

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 Guideline or Medical Evidence:Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: 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. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnosis of persistent right shoulder pain. However, despite documentation of persistent pain in the shoulder, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right shoulder is not medically necessary.