

Case Number:	CM14-0064227		
Date Assigned:	07/11/2014	Date of Injury:	08/13/2012
Decision Date:	09/09/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 54 year old female with an 8/13/12 date of injury and status post right shoulder acromioplasty, Mumford procedure and supraspinatus tendon repair on 2/13/13. At the time (4/21/14) of request for authorization for MRI of the Right Shoulder w/o Contrast, there is documentation of subjective (chronic right shoulder pain) and objective (not specified) findings, imaging findings (MRI of the right shoulder (8/8/13) report revealed status post acromioplasty, Mumford procedure and supraspinatus tendon repair; residual supraspinatus tendinosis but no evidence of a re-tear; mild insertional tendinosis of the infraspinatus tendon; and loculated subacromial/subdeltoid bursal effusion consistent with bursitis), current diagnoses (status post right shoulder acromioplasty, Mumford procedure and supraspinatus tendon repair on 2/13/13), and treatment to date (right shoulder surgery, medications, and physical therapy). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Rt Shoulder w/o Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Shoulder Disorders Chapter, Magnetic Resonance Imaging (MRI).

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

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 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 a diagnosis of status post right shoulder acromioplasty, Mumford procedure and supraspinatus tendon repair on 2/13/13. In addition, there is documentation a previous right shoulder MRI performed on 8/8/13. However, despite documentation of subjective findings (chronic right shoulder pain) and given no documentation of recent and updated objective findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI Right Shoulder w/o Contrast is not medically necessary.