

Case Number:	CM14-0072847		
Date Assigned:	07/16/2014	Date of Injury:	12/15/2012
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 56-year-old female with a 12/15/12 date of injury, and status post right shoulder arthroscopy 3/27/13. At the time (4/23/14) of request for authorization for MRI of the right shoulder without contrast QTY: 1, there is documentation of subjective (stiffness and pain, unable to do about the shoulder level work) and objective (tolerating range of motion of the shoulder much better, great passive and active motion and negative drop arm test, good abduction strength) findings, current diagnoses (right shoulder strain/sprain, right shoulder arthropathy), and treatment to date (home exercise program and activity modification). 4/14/14 medical report identifies a request for a right shoulder MRI to asses for post-op right shoulder arthropathy. There is no documentation of objective findings consistent with shoulder pathology and plain radiographs findings.

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 without contrast QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): :202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - 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).

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. Within the medical information available for review, there is documentation of diagnoses of right shoulder strain/sprain, right shoulder arthropathy. However, given documentation that the patient is tolerating range of motion of the shoulder much better, great passive and active motion and negative drop arm test, and good abduction strength, there is no documentation of objective findings consistent with shoulder pathology. In addition, there is no documentation of plain radiographs findings. Based on the guidelines and a review of the evidence, the request for MRI of the right shoulder without contrast QTY: 1 is not medically necessary.