

Case Number:	CM14-0077675		
Date Assigned:	07/18/2014	Date of Injury:	07/30/2009
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 51-year-old male with a 7/30/09 date of injury. At the time (4/23/14) of request for authorization for repeat MRI for the right shoulder, there is documentation of subjective (right shoulder pain) and objective (tenderness to palpation and taut bands with twitch responses in the right levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck, decreased internal range of motion significantly since last examination, range of motion was accompanied by pain, popping and crepitation, positive impingement) findings, reported imaging findings (right shoulder MRI revealed superior labrum anterior and posterior (SLAP) lesion extending to and partially tearing but not avulsing biceps anchor and extending to the anterior and posterior mid labra; extensive superior paralabral cyst formation extending anteriorly and posteriorly; extensive partial undersurface and interstitial tear supraspinatus tendon, with up to 1 cm of retraction of torn biceps fibers with few intact superior surface fibers, with underlying tendinosis, downsloping acromion, and acromioclavicular joint, degenerative change with subacromial-subdeltoid bursitis), current diagnoses (right SLAP lesion extending to and partially tearing but not avulsing biceps anchor and extending to the anterior and posterior mid labra; extensive superior paralabral cyst formation extending anteriorly and posteriorly; extensive partial undersurface and interstitial tear supraspinatus tendon, with up to 1 cm of retraction of torn biceps fibers with few intact superior surface fibers, with underlying tendinosis, downsloping acromion, and acromioclavicular joint, degenerative change with subacromial-subdeltoid bursitis), and treatment to date (home exercise program, shoulder steroid injection, physical therapy, and medications). 4/7/14 medical report identifies that imaging two years ago revealed labral tearing and tendinosis and another magnetic resonance imaging test will be requested, as patient has been increasing in the past six months. There is no documentation of a

diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (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:

Repeat MRI for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Indications for imaging, magnetic resonance imaging (MRI), Shoulder.

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) and 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. 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 diagnoses of SLAP lesion extending to and partially tearing but not avulsing biceps anchor and extending to the anterior and posterior mid labra; extensive superior paralabral cyst formation extending anteriorly and posteriorly; extensive partial undersurface and interstitial tear supraspinatus tendon, with up to 1 cm of retraction of torn biceps fibers with few intact superior surface fibers, with underlying tendinosis, downsloping acromion, and acromioclavicular joint, degenerative change with subacromial-subdeltoid bursitis. However, despite documentation that imaging two years ago revealed labral tearing and tendinosis and magnetic resonance imaging test will be requested, as patient has been increasing in the past six months, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (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 repeat MRI for the right shoulder is not medically necessary.