

Case Number:	CM14-0097038		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2012
Decision Date:	10/23/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine and Rehabilitation 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:

The records presented for review indicate that this 44 year-old male was reportedly injured on 8/2/2012. Mechanism of injury is noted as a shoulder injury while trying to secure a roll-up door. The claimant underwent a right rotator cuff repair on 1/25/2013, followed by arthroscopic left shoulder surgery on 3/14/2014 for shoulder impingement. The most recent progress note dated 3/14/2014, indicates that there are ongoing complaints of shoulder pain. Physical examination demonstrated no extremity clubbing, cyanosis or edema. No recent diagnostic imaging studies of the shoulder available for review. The previous utilization review references a progress note dated 4/17/2014, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of right shoulder pain and weakness; and right shoulder abduction 160 on examination. A request had been made for MRI right shoulder, which was not certified in the utilization review on 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): PAGE 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TW C; Shoulder (Acute & Chronic) - Magnetic Resonance Imaging (updated 08/27/14)

Decision rationale: The MTUS/ACOEM California guidelines do not address a repeat MRI of the shoulder. The Official Disability Guidelines do not support a repeat MRI of the shoulder without a significant change in symptoms and/or findings suggestive of significant pathology. A review of the available medical records, documents chronic shoulder pain after a rotator cuff repair; however fail to document any objective findings that meet the guideline criteria for a new MRI of the shoulder. As such, MRI, right shoulder is not medically necessary.