

Case Number:	CM15-0004085		
Date Assigned:	01/15/2015	Date of Injury:	04/21/2009
Decision Date:	04/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60-year-old male who reported injury on 04/21/2009. The mechanism of injury was the injured worker was exiting a truck cab. The injured worker slipped on the step and banged and twisted his right knee. The diagnoses included a right rotator cuff tear and right shoulder impingement. The injured worker had a prior MRI. The injured worker underwent a right shoulder arthroscopy in 2012 and prior treatments included medication, cortisone injections, and therapy. The injured worker underwent a right knee arthroscopy, and the date of surgery was 09/10/2014. The documentation of 12/09/2014 revealed the injured worker had pain and difficulty in the right shoulder. The documentation indicated the physician was currently pending an authorization for an MRI of the right shoulder. The injured worker had impingement symptoms including pain with forward elevation, internal rotation, and reaching behind the back. There was difficulty raising the shoulder with some weakness. There was a history of weakness that the physician opined seemed more than just related pain. The physical examination of the right shoulder revealed a positive impingement sign to internal rotation. The shoulder revealed tenderness along the anterior aspect of the acromion and laterally. Lift off was negative. There was some very mild tenderness over the AC joint that was noted. There was little weakness with abduction, forward flexion, and subluxation. There was a negative O'Brien's test with no signs of labral pathology. There was no instability with no laxity and there was a negative apprehension and relocation test. There was no muscle atrophy or bicipital tendonitis noted. The biceps and triceps strengths were normal. There was full range of motion of the shoulder. The diagnoses included right shoulder impingement with history of pas remote arthroscopy. The

treatment plan included a recommendation of the MRI of the right shoulder to rule out a re-tear of the rotator cuff.

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. Decision based on Non-MTUS Citation ODG, Shoulder , Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review indicated the injured worker previously underwent a shoulder surgery, which would support that this would be a repeat MRI, but post-surgical. The physician documented the rationale was to make sure the injured worker did not have a re-tear of the rotator cuff. The physical examination revealed positive impingement signs and very mild tenderness. There was little weakness with abduction, forward flexion or subluxation. There was no instability or laxity. There was no atrophy or bicipital tendonitis and the biceps and triceps strengths were normal and there was full range of motion. There was a lack of documentation of significant objective findings to support the request. Given the above, the request for MRI right shoulder is not medically necessary.