

Case Number:	CM15-0120867		
Date Assigned:	07/01/2015	Date of Injury:	03/20/2006
Decision Date:	11/19/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 3-28-2006. The injured worker is undergoing treatment for bilateral shoulder rotator cuff syndrome with possible recurrent tear of the rotator cuff. Medical records dated 5-18-2015 indicate the injured worker complains of worsening bilateral persistent shoulder pain. Physical exam dated 5-18-2015 notes shoulder tenderness to palpation, bilateral painful decreased range of motion (ROM) positive impingement and Hawkin's sign and decreased rotator cuff strength. Treatment to date has included bilateral rotator cuff repair, surgical intervention for right frozen shoulder, cortisone injection, Norco and topical lotion. The original utilization review dated 6-4-2015 indicates the request for magnetic resonance angiography (MRA) of the right shoulder as outpatient is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Arthrogram of the right shoulder, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) (updated 05/04/2015).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient is diagnosed with bilateral rotator cuff syndrome with a date of injury of 3/28/2006. The request is for an MRA of the right shoulder. In this case, worsening of right shoulder pain was noted on 5/18/15, however no recent evidence of PT, exercise or activity modification to address the current flare up of the chronic condition to support the MRI is found. Guidelines state that an MRI can be considered when there is a suboptimal response to conservative treatment to address the flare up. In this case, the outcome of conservative treatment was not clearly documented to address the flare up. Therefore, the request is not medically necessary or appropriate.