

Case Number:	CM15-0136064		
Date Assigned:	07/24/2015	Date of Injury:	07/25/2014
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male with a July 25, 2014 date of injury. A progress note dated June 17, 2015 documents subjective complaints (improvement in range of motion of the right shoulder since rotator cuff repair; symptoms over the acromioclavicular joint with some stiffness and weakness), objective findings (one surgical portal; tenderness over the acromioclavicular joint), and current diagnoses (right shoulder rotator cuff repair with biceps tenodesis). Treatments to date have included right shoulder rotator cuff repair, physical therapy, and medications. The treating physician documented a plan of care that included magnetic resonance imaging arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag(limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. There is no plan for surgery. There is documentation of improvement and return to work. There is no findings consistent with retear of prior rotator cuff repair. MRI of shoulder is not medically necessary.