

Case Number:	CM15-0167633		
Date Assigned:	09/08/2015	Date of Injury:	11/27/2012
Decision Date:	10/07/2015	UR Denial Date:	07/26/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker is a 58 year old female who was injured on 11-27-2012. The mechanism of injury was cumulative injury. Diagnoses include right shoulder post-operative status post diagnostic arthroscopy, sub acromial decompression, partial acromioplasty as well as a distal clavicle excision with a rotator cuff repair, and revision surgery performed on 07-31-2014. Treatment has included diagnostic studies, surgery, medications, and physical therapy. The most recent physician progress note dated 04-27-2015 documents the injured worker complains of continued right shoulder pain. She is to undergo a mastectomy for her concurrent oncologic condition on 04-28-2015. She has good right shoulder range of motion. There is 4+-5 strength to the supraspinatus, abduction, forward flexion, external rotation strength, and 5-5 strength to internal rotation. She will restart physical therapy once cleared by her oncologist. The requested treatments include a MRI 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 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

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

Decision rationale: The requested MRI right shoulder, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has continued right shoulder pain. She is to undergo a mastectomy for her concurrent oncologic condition on 04-28-2015. She has good right shoulder range of motion. There is 4+-5 strength to the supraspinatus, abduction, forward flexion, external rotation strength, and 5-5 strength to internal rotation. She will restart physical therapy once cleared by her oncologist. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement, nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI right shoulder is not medically necessary.