

Case Number:	CM15-0185656		
Date Assigned:	09/25/2015	Date of Injury:	12/06/2013
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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 51 year old male, who sustained an industrial injury on December 6, 2013. He reported injury to his right hip and right shoulder. The injured worker was currently diagnosed as having right shoulder impingement syndrome, status post right shoulder arthroscopy and right hip trochanteric bursitis. Treatment to date has included diagnostic studies, medication, physical therapy, right shoulder surgery and acupuncture. On May 8, 2015, an MRI of the right shoulder with contrast was performed. MRI findings included marked narrowing of the coracohumeral distance compatible with subcoracoid impingement, resultant high-grade partial thickness tear of the subscapularis tendon, superior glenoid labral type 2 SLAP tear, fluid within the AC joint space suggesting AC joint separation with probable injury to the acromioclavicular ligaments, mild to moderate subacromial-subdeltoid bursitis and post surgical changes probably from prior rotator cuff repair. On August 4, 2015, the injured worker complained of right shoulder pain with radiation down the arm to the elbow along with weakness in the arm. The pain was described as stabbing. Notes stated that he could lift his arm over shoulder level but with pain. Physical examination of the right shoulder showed well-healed arthroscopic portals. Right shoulder range of motion included flexion 165 degrees, abduction 160 degrees, external rotation 70 degrees and internal rotation 65 degrees. The treatment plan included anti-inflammatory medications and a referral for physical therapy. On September 11, 2015, utilization review denied a request for an 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 of Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Shoulder Procedure Summary Online Version last updated 8/6/2015 MRI (magnetic resonance imaging).

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

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study previously done demonstrating pathology consistent with exam findings. The MRI of Right shoulder is not medically necessary or appropriate.