

Case Number:	CM15-0189670		
Date Assigned:	10/01/2015	Date of Injury:	08/01/2012
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 8-1-2012. The medical records indicate that the injured worker is undergoing treatment for status post right shoulder surgery with continued pain. According to the progress report dated 8-12-2015, the injured worker presented with complaints of no significant improvement in her right shoulder pain. On a subjective pain scale, she rates her pain 7 out of 10. The physical examination of the right shoulder reveals forward flexion to 120 degrees, abduction 100 degrees with discomfort, internal rotation is 20 degrees and external rotation is 40 degrees. The medications prescribed are Relafen and Voltaren gel. Previous diagnostic studies were not specified. Treatments to date include medication management and surgical intervention. Work status is described as not working. The original utilization review (9-4-2015) had non-certified a request for 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.

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

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the injured worker had a right shoulder MRI on 9/18/12 that revealed a small full-thickness tear of the supraspinatus tendon, partial tear of the posterior supraspinatus tendon, subscapularis tendinosis, mild AC joint degenerative changes and possible superior labral tear. On 4/10/14, the injured worker had a right shoulder arthroscopic rotator cuff repair, subcromial decompression, biceps tenodesis, and distal clavicle resection. The injured worker continues to complain of right shoulder pain but there are no documented red flags or planned surgeries to indicate the need for a repeat MRI. The request for MRI of right shoulder is determined to not be medically necessary.