MAXIMUS Federal Services

Case Number:	CM15-0191245		
Date Assigned:	10/05/2015	Date of Injury:	01/09/2011
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York, Tennessee
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 injured worker is a 67 year old male, who sustained an industrial injury on 01-09-2011. The injured worker was diagnosed as having status post right shoulder arthroscopy, subacromial decompression, Mumford, labral debridement with significant residuals. On medical records dated 06-08-2015 and 08-31-2015, the subjective complaints were noted as constant right shoulder pain that radiates to right hand. Objective findings were noted as right shoulder abduction was 90 degrees, left to 100 degrees, and bilateral shoulder flexion to 90 degrees. Positive impingement was noted and empty can with tenderness over the right subacromial space was noted. Treatments to date included physical therapy, medication, surgical intervention of right shoulder decompression and rotator cuff repair on 11-2012, post-operative injections, and exercise program. The injured worker was noted to be permanent and stationary - unable to work. Current medications were listed as Ibuprofen, Lyrica and Norco. The Utilization Review (UR) was dated 09-11-2015. A Request for Authorization was dated 12-31-2015 for MRI Right Shoulder was submitted. The UR submitted for this medical review indicated that the request for MRI Right Shoulder was non-certified.

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 Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Magnetic resonance imaging (MRI).

Decision rationale: Primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g. full-thickness rotator cuff tear) or to further evaluate the possibility of potentially serious pathology, such as a tumor. Indications for Magnetic resonance imaging (MRI) of the shoulder are as follows:- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case there is no documentation that the patient has had a change in symptoms, that a red flag is present, or that surgery is anticipated. Medical necessity has not been established. The request is not medically necessary.