

Case Number:	CM15-0193695		
Date Assigned:	10/07/2015	Date of Injury:	06/29/2000
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This injured worker is a 73 year old female, who sustained an industrial injury on 06-29- 2000. The injured worker was diagnosed as having status post left knee arthroscopic surgery, status post total knee replacement and gastritis. On medical records dated 06-04-2015 and 07-09-2015, the subjective complaints were noted as left knee pain and difficulty sleeping. Objective findings did not mention right shoulder. Treatments to date included medication and left knee surgical interventions. The Utilization Review (UR) was dated 09-16-2015. A request 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 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, there is no evidence of any shoulder complaints or an examination of the shoulder in the available documentation. There is no stated rationale for a shoulder MRI. The only complaints addresses in the documentation involve the left knee; therefore, the request for MRI right shoulder is determined to not be medically necessary.