

Case Number:	CM15-0202245		
Date Assigned:	10/19/2015	Date of Injury:	04/20/2010
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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: Family Practice

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 50 year old female who sustained an industrial injury on 4-20-10. A review of the medical records indicates the worker is undergoing treatment for status post right shoulder arthroscopy, subacromial decompression, rotator cuff repair, manipulation under anesthesia and biceps tendon debridement (5-5-10), status post right shoulder arthroscopy, revision subacromial decompression, manipulation under anesthesia, distal clavicle resection and biceps tenodesis (5-5-11), and chronic right shoulder internal derangement. Subjective complaints (9-9-15) include constant pain in the right shoulder, decreased strength, difficulty reaching away from her body, overhead or behind her back or lifting with the arm away from her body or overhead especially against resistance or an added load, (9-25-15) condition since last the visit has gotten worse, pain is rated at 6-7 out of 10. Objective findings (9-9-15) reveal tenderness to palpation of the anterior, lateral and superior right shoulder abduction and flexion impingement sign was positive. Previous treatment includes MRI right shoulder (5-5-10), MRI-arthrogram right shoulder (6-1-10), right shoulder MRI-arthrogram (1-3-12); was noted positive for post-operative changes, and was accepted into a functional restoration program. The treatment plan includes an MRI- right shoulder, (non-contrast) as surgery is being contemplated. The requested treatment of an MRI of the right shoulder without contrast was denied 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the right shoulder without contrast: Overturned

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

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

Decision rationale: According to the CA MTUS shoulder chapter, imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, the injured worker has undergone prior shoulder surgery, and at this time additional surgery is being considered. As such, the request for shoulder imaging is supported per the MTUS guidelines. The request for MRI of the right shoulder without contrast is medically necessary and appropriate.