

Case Number:	CM15-0210519		
Date Assigned:	10/29/2015	Date of Injury:	03/09/2010
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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: Indiana, Michigan, 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 51 year old female who experienced a work related injury on March 9, 2010. Diagnoses include left shoulder impingement, adhesive capsulitis, rotator cuff tear and residual rotator cuff arthropathy. Diagnostics involved an MRI of the shoulder on November 27, 2013 which revealed a supraspinatus tendinosis with bursal side tearing of the anterior fibrous at the footprint. Treatment consisted of medications, physical therapy, corticosteroid injection and arthroscopic rotator cuff repair on November 17, 2012. Request is 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 the right shoulder: Upheld

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: Chart review reveals a diagnosis of impingement syndrome. MTUS Guidelines indicate that impingement syndrome as well as acute tears of the rotator cuff are treated conservatively at first but imaging may be considered if there are limitations of activities after 4 weeks or unexplained physical findings. Neither of these situations is present in this case. MTUS Guidelines also list four primary criteria for ordering imaging studies. These include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. None of these criteria are met in the available documentation reviewed. It should be noted that though the request is for an MRI of the right shoulder the chart has no mention of a right shoulder injury but consistently describes a left shoulder problem. Nonetheless, the request for a MRI of the right shoulder is not supported by MTUS Guidelines and is therefore not medically necessary and appropriate.