MAXIMUS Federal Services

Case Number:	CM15-0215875		
Date Assigned:	11/05/2015	Date of Injury:	01/12/2014
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/03/2015

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:

The injured worker is a 32 year old male, who sustained an industrial injury on January 12, 2014. The injured worker was diagnosed as having primary osteoarthritis of the right shoulder, strain of muscle and tenderness of the rotator cuff of the right shoulder, and impingement syndrome of the right shoulder. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder with the date unknown, status post shoulder subacromial decompression arthroscopy with distal claviculectomy including articular sur of the shoulder with rotator cuff repair performed on in March 16, 2015, medication regimen, physical therapy with unknown quantity, and home exercise program. In a progress note dated October 13, 2015 the treating physician reports complaints of "mild to moderate" pain to the anterior and lateral right shoulder. Examination performed on October 13, 2015 was revealing for "mild" tenderness to the anterolateral corner of the acromion and "slightly" decreased range of motion to the right shoulder. The medical records provided did not include the results of prior magnetic resonance imaging of the right shoulder. On October 13, 2015 the treating physician requested a new magnetic resonance imaging of the right shoulder "to check the status of his cuff repair" and "if his repair looks good we may need to consider making him permanent and stationary with permanent restrictions". On October 20, 2015, the Utilization Review determined the request for a magnetic resonance imaging of the right shoulder without contrast to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), right shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Repeat MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Magnetic resonance imaging (MRI).

Decision rationale: 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, documentation in the medical record states that the patient has had no significant change in his physical examination in 7 months since arthroscopic repair right shoulder and there are no symptoms/findings of significant pathology. Medical necessity has not been established. The request is not medically necessary and should not be authorized.