

Case Number:	CM15-0030234		
Date Assigned:	02/23/2015	Date of Injury:	09/12/2012
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 9/12/2012. The current diagnoses are right shoulder pain, status post SLAP surgery (2013). Currently, the injured worker complains of right shoulder pain. The pain is described as dull, sharp, burning, tingling, numbness, and pins and needles. The pain is rated 4/10 on a subjective pain scale. The physical examination of the right shoulder reveals tenderness at the right acromioclavicular joint and over the superior lateral aspect of the shoulder. Impingement test is positive. Treatment to date has included surgery. Per notes, he is taking no treatment as of choice. The treating physician is requesting MRI of the right shoulder, which is now under review. On 2/3/2015, Utilization Review had non-certified a request for MRI of the right shoulder. The California MTUS ACOEM Medical Treatment Guidelines were cited.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: This patient presents with right shoulder pain and is s/p right shoulder SLAP repair from 5/13/13. The treater has asked for MRI OF THE RIGHT SHOULDER on 11/19/14. The patient had a prior right shoulder MRI before his 2013 SLAP tear surgery, dated 12/17/12 which shows "infraspinatus tendinopathy and previous anterior SLAP repair with residual mucoid degeneration per utilization review letter dated 2/3/15. The original MRI was not included in the provided reports. Regarding shoulder MRIs, ACOEM guidelines state: Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines support MRI's for suspected rotator cuff tear/labral tears, and when there is a significant change in clinical status. In this case, the patient had a prior SLAP tear surgery from 2013, and continues to be symptomatic. The treater has requested a repeat MRI for patient's persistent symptoms. Given the patient's history of shoulder surgery, an updated MRI appears reasonable. The request IS medically necessary.