

Case Number:	CM15-0082579		
Date Assigned:	05/05/2015	Date of Injury:	09/09/2013
Decision Date:	06/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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, Massachusetts
 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 69-year-old female sustained an industrial injury to the neck, low back and right shoulder on 9/9/13. Right shoulder x-ray (6/22/14) which showed narrowing of glenohumeral joint space, osteoclerosis, coritcal irregularity. Previous treatment included physical therapy, injections and medications. In a PR-2 dated 3/31/15, the injured worker complained of shoulder pain. The physician noted that the injured worker was in a lot of pain and was requesting an injection. Physical exam was unchanged. Current diagnoses included right shoulder partial rotator cuff repair, osteoarthritis and impingement syndrome. The injured worker received a right shoulder subacromial injection during the office visit. The treatment plan included checking the status of right shoulder magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

Decision rationale: According to ACOEM recommendations on MRI for shoulder conditions, imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more for example when surgery is indicated. The peer reviewer determined that MRI is not clinically indicated since the "criteria have not been met there is lack of significant change in clinical exam findings since prior imaging". From my review of the records there is no report of prior MRI of the shoulder yet there is report of limitations in functioning and physical exam findings due to consistent symptoms. As well due to reported pathology on x-ray of the right shoulder, an MRI is medically necessary.

X-ray of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

Decision rationale: The IW had an x-ray of the right shoulder performed on 6/22/14, which was positive for pathology. There has been no new injury or change of condition that would necessitate repeating x-ray. As mentioned above due to persistent symptoms and limitation of functioning an MRI is indicated at this time. Since the MRI is a more specific and sensitive test, x-ray imaging on top of this would not yield additional information. Therefore, it is not medically necessary at this time.