

Case Number:	CM13-0007700		
Date Assigned:	12/13/2013	Date of Injury:	03/29/2001
Decision Date:	01/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 52-year-old female who reported injury on 3/29/2001. The employee's diagnoses are noted to include brachial neuritis, not otherwise specified, rotator cuff partial tear, acromioclavicular joint osteoarthritis, shoulder pain, and acromioclavicular joint pain. The employee was noted to have an MRI on 11/10/2008 and again on 10/18/2012. A request was made 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 ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

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

Decision rationale: The California Medical Treatment Utilization Schedule does not address repeat MRIs. Official Disability Guidelines indicate that a repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical

documentation submitted for review fails to establish the necessity for a third MRI. The employee's clinical picture, signs and symptoms are noted to include dysesthesia to light touch, radiating right C6 dermatome to the hand, and some numbness into the hands and fingers. Elevation of the shoulder was noted to cause pain at 140 degrees on the top of the shoulder. The employee was noted to have weakness with the right compared to the left upper extremity. The employee's MRI on 10/18/2012 was noted to show a full thickness tear of the supraspinatus, significant partial tear of the infraspinatus, subacromial bursitis and acromioclavicular joint arthritis with anatomic impingement. The clinical documentation fails to demonstrate the employee has had a significant change in symptoms and/or findings suggestive of a significant pathology. The requested MRI of the right shoulder is not medically necessary and appropriate.