

Case Number:	CM14-0118455		
Date Assigned:	08/06/2014	Date of Injury:	01/02/2013
Decision Date:	10/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Family Medicine 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 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/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 injured worker is a 29 year old male who sustained an injury to his left shoulder on 01/02/13 due to a fall. Magnetic resonance image of the left shoulder dated 03/26/13 revealed extensive artifact from greater tuberosity with a full thickness tear and retraction of the supraspinatus with mild muscle atrophy. The agreed medical evaluation dated 05/21/14 concluded that further treatment included surgical intervention or at least an injection. Physical examination of the left shoulder noted tenderness over the anterior subacromial aspect of the shoulder and lateral subacromial of the shoulder; positive Neer's and Hawkins' impingement signs; significant weakness of the abductors of the shoulder; decreased range of motion in the shoulder. The progress note dated 06/19/14 was handwritten and difficult to decipher. The requesting physician noted that an MRI was needed to assess for occult pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Shoulder - 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 chapter, Magnetic resonance imaging (MRI)

Decision rationale: The injured worker has a prior MRI from 03/26/13 showing a rotator cuff tear. It was not clear what "occult pathology" the requesting physician is concerned about. Based on the prior MRI, current clinical records, and guidelines, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plan radiographs were obtained prior to the request for more advanced MRI. There were no additional significant red flags identified that would warrant a repeat study. Given this, the request for an MRI of the left shoulder is not indicated as medically necessary.