

Case Number:	CM14-0129398		
Date Assigned:	09/05/2014	Date of Injury:	02/09/2010
Decision Date:	10/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 56 year old male who reported an injury on 02/09/2010. The mechanism of injury was not indicated. The injured worker was diagnosed with status post left shoulder arthroscopy and rotator cuff repair for recurrent rotator cuff tear, left shoulder bicep tendonitis, and impingement syndrome and bicep tendonitis on the right shoulder. The injured worker had an unofficial MRI of the right shoulder on 09/12/2012 that showed hypertrophy of the acromioclavicular joint, type 2 acromion, supraspinatus and infraspinatus tendonitis, scapularis tendonitis, and a small amount of fluid in the subacromial bursa. The injured worker also had unofficial electrodiagnostic studies on 10/15/2012 that was normal of the upper extremities. The injured worker underwent an arthroscopic SLAP tear repair of the left shoulder on 11/27/2013 and two previous rotator cuff tear repairs to the left shoulder, the dates of which were not indicated. On the clinical note dated 10/31/2013 the injured worker complained of bilateral shoulder pain. The injured worker had tenderness anteriorly in the subacromial space and bicep tendon of the right shoulder. The injured worker had 165 degrees of flexion and 160 degrees of abduction in the right shoulder. The injured worker had a positive impingement sign and a positive Hawkins test. The injured worker's medication regimen was not indicated. The treatment plan was for an MRI of the right shoulder. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute. LLC: Corpus Christi, TX: www.odg-twc.com: Section: Shoulder (Acute & Chronic) (updated 04/25/2014)

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

Decision rationale: The request for MRI right shoulder is not medically necessary. The injured worker is diagnosed with status post left shoulder arthroscopy and rotator cuff repair for recurrent rotator cuff tear, left shoulder bicep tendonitis, and impingement syndrome and bicep tendonitis on the right shoulder. The injured worker had a positive impingement sign and a positive Hawkins test. The injured worker complains of bilateral shoulder pain. The Official Disability Guidelines note repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker's course of treatment after the most recent surgery is not indicated within the medical records. There is a lack of documentation which demonstrates that recent conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings since last MRI was performed on 09/12/2012. As such, the request for MRI right shoulder is not medically necessary.