

Case Number:	CM14-0130380		
Date Assigned:	08/25/2014	Date of Injury:	08/02/2012
Decision Date:	10/15/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 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 patient is a 44-year old female who sustained an industrial injury on 8/2/2012. She is status post right shoulder rotator cuff repair on 1/25/2013 and left shoulder arthroscopic SAD and debridement on 3/14/2014. According to the 7/10/2014 orthopedic PTP re-examination report, the patient is status post right shoulder repair of rotator cuff with improvement, however she has residual popping. She had arthroscopic surgery to the left shoulder, and is attending physical therapy. Orthopedic examination documents good ROM of the right shoulder with popping at extremes of abduction and external rotation. The left shoulder shows arthroscopic portals healing satisfactorily, 160 degrees abduction. Impingement sign and Hawkin's are negative bilaterally. She is advised to continue physical therapy and should also perform a HEP. An updated right shoulder MRI is requested. Work status with restrictions for the bilateral shoulders/upper extremities is outlined.

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): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: CA MTUS/ACOEM states, "Primary criteria for ordering imaging studies are: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); - Failure to progress in a strengthening program intended to avoid surgery; - Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). According to the Official Disability Guidelines the indications for Magnetic resonance imaging (MRI) of the shoulder are: - Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiograph- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this patient, she is more than 1.5 years post rotator cuff repair of the right shoulder. She notes popping with ROM, and examination on 7/10/2014 demonstrates good ROM with popping on extremes of abduction and ER. There is no noted significant increase in pain, night pain, loss of motion, motor weakness, or instability. The medical records do not establish this patient presents with red flag indications, failed conservative care, or pending surgery. A repeat MRI is not generally recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology, which has not been demonstrated in this case. Therefore, MRI of The Right Shoulder is not medically necessary and appropriate.