

Case Number:	CM14-0143903		
Date Assigned:	09/12/2014	Date of Injury:	06/24/2010
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic Surgery 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:

This is a 53-year-old male claimant with an industrial injury dated 06/24/11. MRI of the right shoulder dated 10/30/13 provides evidence for acromioclavicular joint osteoarthritis, no fractures, a perfect condition rotator cuff and no other pathology noted. An exam note dated 07/02/14 states the patient returned with shoulder pain. Upon physical exam there was occasional right thumb pain, and he recently underwent wire removal from the right thumb as well. The Neer and impingement sign tests were both positive. There has been no interval worsening of the right shoulder condition mentioned and no additional injuries. Exam note dated 09/10/14 states the patient returns again with persistent right shoulder pain. Upon physical exam there is tenderness over the right shoulder acromioclavicular (AC) joint and supraspinatus tendon. The impingement signs, Neer's, and Hawkin's tests were all positive. The patient was diagnosed with right shoulder impingement with AC joint osteoarthritis. The treatment plan includes a right shoulder arthroscopy with subacromial decompression and distal clavicle resection.

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. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Magnetic resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-208.

Decision rationale: According to the California MTUS/ACOEM guidelines, Chapter 9, Shoulder complaints, regarding imaging of the shoulder, pages 207-208 recommend imaging for red flag symptoms, physiologic evidence of tissue insult or neurovascular dysfunction or failure to progress in a strengthening program. In addition, imaging such as MRI would be appropriate for clarification of anatomy prior to an invasive procedure. In this case, an MRI of the right shoulder was obtained on 10/30/13. There are no significant clinical changes to warrant repeat imaging of the shoulder. Therefore the request for an MRI of the right shoulder is not medically necessary.