

Case Number:	CM14-0161385		
Date Assigned:	10/06/2014	Date of Injury:	03/17/2010
Decision Date:	11/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 54 year old female with a date of injury on 3/17/2010 when she injured her shoulder from lifting a injured worker. She has had 6 right shoulder surgeries. Possibly because of increasing dependence on her left shoulder, she developed increased pain there, including popping and weakness. A magnetic resonance imaging (MRI) in 2012 showed degenerative changes, hypertrophic acromioclavicular (AC) joint, partial tears and bursal fluid. Left shoulder ultrasound showed a partial thickness tear, prominent synovial inflammation and a thickening at the biceps tendon, and left shoulder radiographs showed a type II acromion. She had left shoulder surgery consisting of rotator cuff repair, arthroscopy, debridement, fluid removal, rotator interval release. A physical exam showed weakness of the supraspinatus and she was on medications. Electromyography (EMG)/nerve conduction velocity (NCV) studies have been completed but results are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Shoulder, (Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 198-203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, magnetic resonance imaging (MRI) of the shoulder is indicated for suspected rotator cuff tears, osteonecrosis, brachial plexopathy, shoulder dislocation or instability. This worker has confirmed full thickness tear by ultrasound. There is no documentation of additional injuries and ultrasound and electromyography (EMG)/nerve conduction velocity (NCV) studies have been performed. Therefore this request is non certified. Per the Official Disability Guidelines (ODG), repeat magnetic resonance imaging (MRI) is not recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Therefore this request is not medically necessary and appropriate.