

Case Number:	CM14-0165102		
Date Assigned:	10/10/2014	Date of Injury:	05/25/2012
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 54 year-old male with the date of injury of 05/25/2012. The patient presents with pain in his right shoulder from repetitive sprain and strain injury. The patient has lost approximately 20% of shoulder strength in flexion, abduction, extension and rotation. X-ray and MRI from 07/2013 reveals 1) partial thickness bursal surface supraspinatus tendon tear which may or may not represent the underlying calcific tendinopathy 2) SLAP lesion along, long head of the biceps tendinopathy 3) early degenerative changes present in both glenohumeral and acromioclavicular joints. According to [REDACTED] report on 09/10/2014, diagnostic impressions are: 1) S/P lifting injury, right shoulder2) S/P right shoulder arthroscopy with SAD, debridement and tenotomy of the biceps tendon with [REDACTED] on 11/19/20133) S/P permanent restrictions of 20 lbs and no repetitive overhead work 4) Possible radiographic inferior glenohumeral arthritis5) Left shoulder pain, possible compensatory, not filed 6) Apparent right shoulder pain and bilateral heel pain, based on cumulative trauma, filed, but not accepted as per adjuster. The utilization review determination being challenged is dated on 09/17/2014. [REDACTED] is the requesting provider, and he provided treatment 3 reports from 04/30/2014 to 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast Right Shoulder: Overturned

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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), under Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with pain in his shoulders, right side worse than left side. The request is for MRI of right shoulder without contrast. MTUS guidelines do not discuss MRIs. ACOEM guidelines refer to acute/ subacute condition and ODG guidelines do not support it unless there is a red flag noted on history, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In this case, the patient had an MRI in July 2013 and subsequently underwent shoulder surgery. The treating physician does not discuss any specific rationale for the requested updated MRI other than for the patient's persistent pain. There are no new injuries, and examination does not show any neurologic deterioration. However, given the patient's prior shoulder surgery and persistent problems, an updated MRI would appear medically reasonable. The request is medically necessary and appropriate.