

Case Number:	CM14-0095982		
Date Assigned:	07/25/2014	Date of Injury:	04/10/1995
Decision Date:	09/16/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 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:

Inured worker is a male with date of injury 4/10/1995. Per orthopedic surgical appeal for surgical authorization from utilization review committee dated 5/8/2014, the injured worker continues to have significant pain in his shoulder with a painful arc syndrome, positive Neer's sign, positive Hawkins sign and forward flexion with external rotation of about 110 degrees with and abduction of 115 degrees. He is not able to bring his hand behind his back with painful crepitation in the AC joint. There is marked tenderness over the AC joint, but it is difficult to determine if it is entirely the AC joint or the anterior aspect of the acromion.

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 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC 2014: Online Version: Shoulder (updated 04/25/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular

dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. The requesting physician does not document reasoning to support a request for MRI outside these guideline recommendations. This request is for a repeat MRI scan of the right shoulder while awaiting authorization for right shoulder surgery. There is no explanation of why the prior MRI is not sufficient as there does not appear to be a significant interval change. An MRI in anticipation of a surgical procedure that had already been denied by the claims administrator does not justify proceeding with an MRI. The request for MRI (Magnetic Resonance Imaging) of the right shoulder is determined to not be medically necessary.