

Case Number:	CM14-0111905		
Date Assigned:	08/01/2014	Date of Injury:	10/30/2007
Decision Date:	01/27/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 63 year old male with date of injury 10/30/07. The treating physician report dated 05/06/14 (25) indicates that the patient presents with pain affecting the right shoulder. The physical examination findings reveal full range of motion in the neck and impingement tests reveal mild pain. Prior treatment history includes arthroscopic lysis of adhesions, secondary decompression and debridement after a rotator cuff repair in 2009, home exercise program, physical therapy, an injection, and medication. MRI findings from 2007 reveal rotator cuff tear, labrum tear, lateral down sloping acromion, and bursitis. The current diagnosis is: 1. Partial Tear Rotator Cuff. The utilization review report dated 07/07/14 denied the request for MRI for the Right Shoulder without Contrast based on the guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Right Shoulder Without Contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder , Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for MRI for the Right Shoulder Without Contrast. The treating physician states, "He had rotator cuff repair in 2007, has increasing pain, not relieved by injection within the past 3 months, medications, and home exercises." (34) MTUS guidelines do not address MRIs specifically. The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented that even though the patient has had surgery, the pain is intensifying. Recommendation is for authorization.