

Case Number:	CM14-0213526		
Date Assigned:	12/31/2014	Date of Injury:	08/15/2013
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 an injury date of 08/15/2013. Based on the 09/09/2014 progress report, the patient complains of right shoulder pain and has difficulty raising his arms above shoulder height. The 10/07/2014 report indicates that the patient has a positive empty can test. The 11/06/2014 report indicates that the patient has a limited range of motion for his right shoulder and still has weakness in his right shoulder. The patient had a prior MRI of his right shoulder on 12/12/2013 which revealed the following: 1. Tear with retraction of the long head of the biceps tendon. 2. Moderate effusion. 3. A 1.5 cm x 1.5 cm rotator cuff tear. 4. Moderate loss of volume involving the supraspinatus muscle. The patients diagnoses include the following: 1.Right rotator cuff tear. 2.Right biceps tendon tear. The utilization review determination being challenged is dated 11/18/2014. Treatment reports are provided from 06/02/2014 -11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation shoulder chapter, MRI of the shoulder

Decision rationale: The patient presents with right shoulder pain/weakness. The request is for an MRI of the right shoulder. The patient has a decreased right shoulder range of motion, difficulty raising his arms above shoulder height, and a positive empty can test. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. ACOEM Guidelines page 207-208 continues to state that the primary criteria for ordering imaging studies include: 1. Emergency red flags. 2. Physiologic evidence of tissue insult. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to an invasive procedure. The ODG Guidelines under shoulder chapter support MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. The patient is diagnosed with a right shoulder rotator cuff tear and a right shoulder biceps tendon tear. He had a prior MRI of his right shoulder on 12/12/2013. The reason for the updated MRI is not provided. In this case, there are no significant changes in symptoms and/or findings which are suggestive of significant pathology. Therefore, the requested MRI of the right shoulder is not medically necessary.