

Case Number:	CM14-0214923		
Date Assigned:	01/02/2015	Date of Injury:	07/25/2013
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51 year old male with an injury date of 7/25/13. Based on the 12/5/14 progress report, the patient continues with multiple body part pain. Exam of patient shows some ongoing pain at endpoints of cervical spine rotation and lat bending without radicular sx. Assessments for this patient are sprain or strain of cervical spine and s/p rotator cuff repair. Patient is currently taking Gabapentin and Naproxen. Diagnostic exams referenced in the 10/8/14 report: xrays of the right shoulder show type II acromion with diminished subacromial space consistent with mild to moderate osteoarthritis of the acromioclavicular joint. Also, referenced in that same report is the 7/16/14 MRI of the right shoulder, which showed 3.1 cm x 1.5 cm tear with retraction of the tendon by 3.1 cm from the footplate insertion on the acromion, fraying of the anterior labrum, and a downsloping acromion with a subacromial spur. Work status as of 12/5/14: Return to modified work/activity today. The utilization review being challenged is dated 12/16/14. The request was non-certified as no complaints of shoulder pain documented nor is there a physical examination of the shoulder indicating any potential problems. The request is for a MRI of the right shoulder without contrast, as outpatient. The requesting provider has provided reports from 5/22/14 to 12/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient is s/p right rotator cuff repair on 10/10/14 and complains of shoulder pain. The treater requests MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST AS OUTPATIENT per report dated 12/5/14, in light of the difficulties encountered in the PT dept. According to ACOEM guidelines, MRI is indicated for "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." In this case, the patient had an MRI of the shoulder on 7/16/14. The treater asked for another set of MRI but there are no specific exam findings that show clinical changes. There are no red flags, no new injury, or changes in neurologic status. The treater states that the patient had some difficulties in PT, but this in not an adequate reason for another set of MRI's. The request IS NOT medically necessary.