

Case Number:	CM15-0110742		
Date Assigned:	06/17/2015	Date of Injury:	07/10/2007
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: Internal Medicine

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 injured worker is a 53 year old female, who sustained an industrial injury on 7/10/07. She reported bilateral shoulder pain. The injured worker was diagnosed as having repetitive strain injury of bilateral shoulder/trapezius muscles and left rotator cuff tear. Treatment to date has included acupuncture, corticosteroid injections, medication, and physical therapy. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for a MRI of the right shoulder without contrast.

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, without contrast: 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 (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints

Page(s): 209, 212-214.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. The date of injury was 07-10-2007. Right shoulder MRI magnetic resonance imaging dated 05/28/2010 documented that there is tendinosis or degeneration involving the supraspinous and infraspinatus tendons. There is a partial thickness bursal surface tear involving the distal supraspinatus tendon and a partial thickness articular surface tear involving the distal infraspinatus tendon. There is abnormal signal within the anterior glenoid labrum suspicious for a labral tear. There is a moderate amount of fluid and edema present within the subacromial and subdeltoid bursae consistent with a bursitis. The maximal medical improvement permanent and stationary evaluation report dated 9/30/11 documented that the patient declined shoulder surgery in the past. The primary treating physician's progress report dated 4/16/15 documented bilateral shoulder complaints. The patient declines additional cortisone injections. The treatment plan included completing the current course of physical therapy. A repeat MRI of the right shoulder was requested on 5/5/15. The medical records indicate that the patient has declined shoulder surgery in the past. Surgical consideration was not documented in the 4/16/15 progress report. The rationale for a repeat right shoulder MRI was not presented in the 4/16/15 progress report. Therefore, the request for a repeat MRI of the right shoulder is not medically necessary.