

Case Number:	CM15-0111090		
Date Assigned:	06/22/2015	Date of Injury:	03/16/2013
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 03/16/13. He reported complaints of abnormal sensations of left shoulder and forearm. Treatment involved left rotator cuff repair. Orthopedic office visit note dated 05/01/15 reports left shoulder is doing much better but now favoring right shoulder. Left shoulder pain is mostly gone with a little weakness present. Injured worker reports pain in the right shoulder with overhead function, lifting, pushing and pulling. Pain is over the deltoid and tuberosity area. No known trauma to right shoulder. Impression: baseline with left shoulder status post rotator cuff repair and capsulorrhaphy after dislocation in the left shoulder and rotator cuff tear with overuse of the right shoulder and persistent pain. Plan of care includes MRI of right shoulder to rule out rotator cuff tear.

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: 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): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. There was good range of motion with limitation due to impingement rather than a tear. There was no recent injury but rather favoring of the shoulder due to a left shoulder. The MRI request of the right shoulder is not medically necessary.