MAXIMUS Federal Services

Case Number:	CM15-0115015		
Date Assigned:	06/23/2015	Date of Injury:	08/13/2013
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 62-year-old male, who sustained an industrial injury on August 13, 2013.The injured worker was diagnosed as having partial thickness rotator cuff tear. Treatment to date has included medication and magnetic resonance imaging (MRI). A progress note dated May 19, 2015 provides the injured worker complains of right shoulder pain. Physical exam notes decreased range of motion (ROM) with the shoulder freezing up. Review of October 2014 magnetic resonance imaging (MRI) reveals supraspinatus tear. Findings note the pain to be out of proportions with a partial thickness tear. The plan includes cortisone injection and updated magnetic resonance imaging (MRI).

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 already had an MRI, which showed the supraapinatus tear. There was no plan for surgery. Physical exam is consistent with adhesive capsulitis/frozen shoulder.There was no plan for surgery. The repeat MRI request of the shoulder is not medically necessary.