

Case Number:	CM15-0115976		
Date Assigned:	06/24/2015	Date of Injury:	07/01/2014
Decision Date:	09/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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 29-year-old male who sustained a work related injury July 1, 2014. While lifting a 300-pound table with a co-worker, the furniture leaned against his right shoulder and right side of his chest, when he felt something tearing in his shoulder accompanied by pain. X-rays and an MRI of the right shoulder were ordered and he was started on a course of physical therapy to the right shoulder. He received a total of 12 sessions, providing some relief. An open MRI of the right shoulder performed November 24, 2014, (report present in the medical record) revealed minimal impingement syndrome present; fluid is seen in the glenohumeral joint space and subdeltoid space; tendinosis of the rotator cuff with a partial tear in the region of the supraspinatus tendon beneath the acromion. According to a primary treating physician's progress report, dated April 27, 2015, the injured worker presented with complaints of increasing pain in the right shoulder. He is taking over the counter Tylenol but it is not sufficient for pain control. Examination of the right shoulder revealed a drooping compared to the left, tremor noted in the pectoralis on the right, and range of motion is decreased and painful. Neer's is positive on the right. Speed's causes mild pain. Supraspinatus press is positive on the right and a slight tremor is present in the right pectoralis. Diagnoses are right shoulder impingement syndrome; psych diagnoses. At issue, is a request for authorization for an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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. In this case, the claimant had an MRI a few months prior indicating a supraspinatus tear. There was request for an orthopedic consult but no justification for a repeat MRI. The request for another MRI of the right shoulder is not medically necessary.