

Case Number:	CM15-0119025		
Date Assigned:	06/29/2015	Date of Injury:	03/19/2002
Decision Date:	07/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 61 year old female with a March 19, 2002 date of injury. A progress note dated June 9, 2015 documents subjective complaints (severe right shoulder pain, feels cuff is torn again), objective findings right shoulder pain, weakness, restricted range of motion), and current diagnoses (cervical spondylosis with cervical radiculopathy; chronic pain syndrome; left shoulder impingement syndrome). Treatments to date have included right shoulder rotator cuff repair, imaging studies, and medications. The treating physician documented a plan of care that included repeat magnetic resonance imaging of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-TWC shoulder procedure summary online version last updated 5/4/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2002 and continues to be treated for shoulder pain. When seen on 06/09/15 she was having severe right shoulder pain since an AME on 03/16/15. Physical examination findings included weakness and decreased range of motion. Norco was prescribed and a repeat MRI of the right shoulder was requested. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. The claimant's condition was considered subacute with symptoms for nearly 3 months. The requested repeat shoulder MRI was not medically necessary.