

Case Number:	CM15-0069022		
Date Assigned:	04/16/2015	Date of Injury:	04/15/2013
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57-year-old male, who sustained an industrial injury on 4/15/2013. Diagnoses have included full thickness rotator cuff tear. Treatment to date has included right shoulder open rotator cuff repair and medication. According to the progress report dated 3/19/2015, the injured worker complained of a strong ache and mild cramping to the anterior side of his shoulder joint that radiated down his bicep and occasional stabbing pain to the anterior shoulder. He rated his pain as 6/10. He reported externally rotating his shoulder at work and feeling a burning sensation. Authorization was requested for magnetic resonance imaging (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 (R) shoulder with contrast (Arthrogram): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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

Decision rationale: Guidelines recommend MRI of the shoulder if there is emergence of a red flag, evidence of neurologic dysfunction, or clarification of anatomy prior to surgery. In this case, there is no red flag, no mention of an acute flare-up/re-injury or evidence that there is a surgical lesion present. The request for MRI of the shoulder is not medically appropriate and necessary.