

Case Number:	CM15-0090708		
Date Assigned:	05/15/2015	Date of Injury:	04/18/2007
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45-year-old male, who sustained an industrial injury on 4/18/07. The injured worker was diagnosed as having right shoulder rotator cuff repair on 7/16/12, right shoulder rotator cuff repair with lateral reconstruction on 4/9/12, left shoulder arthroscopy on 5/4/11, right shoulder arthroscopy with Mumford procedure on 11/17/10, right shoulder tendinitis and labral fissure, and depression. Treatment to date has included multiple shoulder surgeries. Currently, the injured worker complains of bilateral shoulder pain with radiation to bilateral upper extremities with associated numbness and tingling. The treating physician requested authorization for a repeat MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 4/18/07. The medical records provided indicate the diagnosis of right shoulder rotator cuff repair on 7/16/12, right shoulder rotator cuff repair with lateral reconstruction on 4/9/12, left shoulder arthroscopy on 5/4/11, right shoulder arthroscopy with Mumford procedure on 11/17/10, right shoulder tendinitis and labral fissure, and depression. Treatment to date has included multiple shoulder surgeries, including acromioplasty and rotator cuff repair. Repeat MRI left shoulder is not medically necessary per the medical records provided. The medical records indicate normal neurological and orthopedic evaluation of the shoulder. The MTUS does not recommend shoulder imaging except in cases of red flag, physiologic evidence of tissue insult, or to clarify the anatomy before surgery. The MTUS states, "Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms". In addition, the Official Disability Guidelines states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology."