Case Number:	CM15-0097579		
Date Assigned:	05/28/2015	**Date of Injury:**	12/10/2009
Decision Date:	07/02/2015	**UR Denial Date:**	05/05/2015
Priority:	Standard	**Application Received:**	05/20/2015

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: Florida
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 55-year-old female with an industrial injury dated 12/10/2009. The injured worker's diagnoses include right shoulder pain with possible rotator cuff tear and status post right shoulder surgery for rotator cuff repair in 5/19/2010. Treatment consisted of Magnetic Resonance Imaging (MRI) of the shoulder dated 6/7/2011, Electromyography (EMG)/Nerve conduction velocity (NCV) of right upper extremity on 1/27/2015, prescribed medications, and periodic follow up visits. In a progress note dated 4/8/2015, the injured worker reported right shoulder pain and weakness, resolving right hand numbness and tingling and chronic cervical spine neck pain. Right shoulder exam revealed decreased rotator cuff strength with forward elevation and external rotation, positive pain at acromioclavicular joint (AC) joint and positive Hawkins. The treating physician prescribed services for Magnetic resonance imaging (MRI) of the right shoulder to rule out rotator cuff tear now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right shoulder to rule out rotator cuff tear:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 206.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special diagnostic studies and treatment considerations. Page 207 Page(s): 207.

Decision rationale: California MTUS guidelines recommend the following criteria for ordering special imaging studies in shoulder complaints: Primary criteria for ordering imaging studies are Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment). Regarding this patient's case, documentation states that the patient's surgeon feels strongly that no additional surgical interventions should be pursued, even though he does realize that this patient has a torn rotator cuff. The requesting physician was not aware of this fact at the time that he made the request for a repeat MRI study. Likewise, without further documentation of additional rationale from the prescribing physician, this request is not considered medically necessary. It is already understood that this patient has a rotator cuff tear and the surgeon has recommended no further surgical intervention.