

Case Number:	CM15-0098959		
Date Assigned:	06/01/2015	Date of Injury:	01/29/2011
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male sustained an industrial injury on 1/29/11. He subsequently reported shoulder pain. Diagnoses include right shoulder sprain and status post right shoulder rotator cuff repair. Treatments to date include MRI and x-ray testing, physical therapy, surgery and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, the incision was well healed, tenderness and positive impingement was noted. Rotator cuff strength was 4/5 and limited range of motion with weakness in the right shoulder was noted. A request for MRI of the right shoulder with contrast was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter - MR arthrogram.

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

Decision rationale: The patient presents with RIGHT shoulder pain. The request is for MRI of the Right Shoulder with Contrast. The request for authorization is not provided. The patient is status-post RIGHT shoulder rotator cuff repair, 09/2014. Physical examination of the RIGHT shoulder reveals a well healed surgical incision. No evidence of any erythema. There is evidence of mild tenderness. Patient is to continue PT and HEP. Patient's medication include Norco. Patient's work status is not provided. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater does not discuss the request. In this case, patient continues with pain of the RIGHT shoulders. Given the patients symptoms, ODG guidelines allows the use of MRI imaging to perform a global examination. However, review of medical records indicate a prior MRI of the RIGHT shoulder was done on 03/05/15. Treater does not discuss any significant changes in symptoms or explain why an updated MRI is needed. Therefore, the request is not medically necessary.