

Case Number:	CM14-0103274		
Date Assigned:	07/30/2014	Date of Injury:	08/07/2013
Decision Date:	09/30/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male smoker who reported an injury when he fell from a tree on 08/07/2013. On 08/30/2013, his diagnoses included contusion of the shoulder and sprain/strain of the cervical spine. On 09/09/2013, he had an MRI of the right shoulder which revealed intense bone marrow edema of the acromioclavicular joint with marked degenerative pannus which impinged on the anterosuperior myotendinous supraspinatus, moderate tendinosis with bursal and articular surface fraying of the supraspinatus tendon, significant articular surface fraying and tearing of the infraspinatus tendon adjacent to a large cyst complex of the middle facet, and marked intrasubstance degeneration of the superior labrum and biceps labral anchor. A magnetic resonance arthrogram and MRI of the right shoulder on 12/03/2013 showed minimal change from the previous MRI. On 01/10/2014, he had right shoulder surgery for a rotator cuff tear and biceps tenodesis. On 5/13/2014, his right shoulder flexion was 140 degrees while abduction was 120 degrees. His strength was measured at 4+ to 5-. There was no crepitus nor edema noted. The rationale for the requested MRI was that since this worker continued to have problems with joint restriction, and there was a lump on the right shoulder, an MRI would be requested to assess the pathology to see if there was a tear or torn deltoid fibers in the shoulder joint itself in an attempt to reach a resolution. On 06/19/2014, the lump on his shoulder was evaluated and appeared to be a lipoma on the deltoid. The rationale for the requested MRI that it was being requested to evaluate to insure that the tear of the rotator cuff had healed after the surgery. The Request for Authorization dated 05/13/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines: (<<http://www.odg-twc.com/odgtwc/shoulder.htm>>) MRI of the Shoulder.

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

Decision rationale: The request for MRI of the right shoulder is not medically necessary. In the Official Disability Guidelines, a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The need for a repeat MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI of the right shoulder is not medically necessary.