

Case Number:	CM14-0149641		
Date Assigned:	09/18/2014	Date of Injury:	06/28/2013
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 26-year-old male with a 6/28/13 date of injury. At the time (8/4/14) of request for authorization for MRI (Magnetic Resonance Imaging) of the right shoulder, without contrast material, there is documentation of subjective (intermittent right shoulder pain radiating to the neck and upper back with a popping sensation, and increase in shoulder pain with any movement) and objective (mild tenderness to palpation over the right shoulder with decreased range of motion and supraspinatus strength, and positive impingement, Neer's and Hawkin's signs) findings, imaging findings (MRI of the right shoulder (9/9/13) report revealed mild acromioclavicular joint arthritis with no evidence of rotator cuff tear), current diagnoses (right shoulder musculoligamentous sprain/strain, rule out internal derangement), and treatment to date (physical therapy, injections, and medications). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right shoulder, without contrast material:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of right shoulder musculoligamentous sprain/strain, rule out internal derangement. In addition, there is documentation of a previous right shoulder MRI performed on 9/9/13 identifying mild acromioclavicular joint arthritis with no evidence of rotator cuff tear. However, despite documentation of subjective (intermittent right shoulder pain radiating to the neck and upper back with a popping sensation, and increase in shoulder pain with any movement) and objective (mild tenderness to palpation over the right shoulder with decreased range of motion and supraspinatus strength, and positive impingement, Neer's and Hawkin's signs) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI (Magnetic Resonance Imaging) of the right shoulder, without contrast material is not medically necessary.