

Case Number:	CM13-0044343		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2011
Decision Date:	05/27/2015	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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: Emergency 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 58 year old male, who sustained an industrial injury on 05/12/2011. He has reported subsequent low back pain and was diagnosed with lumbar laminectomy status post with residual surgery. Treatment to date has included oral pain medication. In a progress note dated 10/07/2013, the injured worker complained of low back, right shoulder and bilateral wrist and hand pain. Objective findings were notable for positive Neer's and Hawkin's testing of the right shoulder and tenderness of the midline lumbar and lumbosacral spine at L5-S1. Prior MRI of shoulder dated 6/28/12 revealed full thickness tear to supraspinatus with small tear to infraspinatus. No effusion or labral tear was noted. Official report was not provided for review. A request for authorization of a repeat MRI of the right shoulder was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of the shoulder should be considered only in emergence of 'red flag' signs and symptoms, physiologic evidence of neurovascular insult, failure to progress in physical therapy and pre-invasive procedure clarification of anatomy. Pt does not meet any of these criteria. Pt has no documented treatment for a year and has no documented appropriate level of conservative therapy of the affected shoulder with known MRI findings. There is no documentation of any worsening or changes in symptoms. There is no rationale as to why patient with chronic pain with no documented conservative care or any change in physical problems require a repeat MRI. MRI of the right shoulder is not medical necessary.