

Case Number:	CM13-0024263		
Date Assigned:	11/20/2013	Date of Injury:	02/09/2012
Decision Date:	02/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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.

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 is a 40-year-old gentleman who sustained an injury to the bilateral shoulders in a work-related accident on February 9, 2012. Specific to the right shoulder, there is an August 20, 2013 assessment with [REDACTED] documenting ongoing complaints of pain. It states that the claimant is status post a left shoulder surgery, for which he is permanent and stationary from June of 2012. Physical examination showed positive impingement to the right shoulder with a "normal contour." Further clinical physical examination findings were not noted. It stated the claimant has not had previous imaging workup to the shoulder. An MRI scan was recommended. Recent clinical treatment is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent MRI of the Right Shoulder with and without contrast: 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): 196.

Decision rationale: Based on California ACOEM guidelines, an MRI scan of the shoulder would not be indicated. The records do not indicate failure to progress in a strengthening program or identify current physical examination findings that would represent internal pathology. The claimant is documented to have impingement syndrome with no documentation

of conservative treatment. There is currently no documentation of motion deficit or weakness. The acute need of imaging in the absence of clinical treatment would not be supported.