

Case Number:	CM13-0025336		
Date Assigned:	11/20/2013	Date of Injury:	11/08/2011
Decision Date:	02/25/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Neurology and Neuromuscular Medicine and is licensed to practice in California, New Jersey, and Pennsylvania. 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. 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:

██████████ is a 50 year old woman who sustained a work related injury on November 8, 2011. She subsequently developed chronic neck, back and shoulder pain. The patient pain condition did not improve despite 18 sessions of physical therapy. According to a progress note July 18 2013 and September 5, 2013 the patient continued to have shoulder, lumbar and knee pain. The provider requested authorization for right shoulder MRI and wrist X-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

Decision rationale: According to MTUS guidelines, MRI is indicated in case of rotator cuff tear or labral tear. There is a need for more documentation to justify the request for a right shoulder MRI. Therefore the request for right shoulder MRI is not medically necessary