

Case Number:	CM13-0034305		
Date Assigned:	12/06/2013	Date of Injury:	09/06/2011
Decision Date:	03/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice, has a subspecialty in Preventative 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 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:

Female claimant sustained a work injury on 6/19/11 that resulted in a low back injury. The back injury was treated by a chiropractor. She subsequently injured her left upper extremity in Sept 6, 2011 after sustaining a fall at work. She had a left shoulder arthroscopy on 12/19/11 and subsequent physical therapy. She has returned to work which involves a full work day and lifting up to 20 lbs. She occasionally has trouble sleep at night due to continued shoulder pain. She has used NSAIDs for pain control as well. An exam report on 10/17/13 noted impingement findings and home exercises were recommended. A comment in the progress note stated that an MRI was ordered on 9/13/13 due to the shoulder pain and impingement findings. This progress note is not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563, Chronic Pain Treatment Guidelines Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: According to the ACOEM guidelines, an MRI is appropriate for identifying shoulder impingement symptoms. Prolonged course after surgical rehabilitation are key for further assessment. The claimant has failed surgery and conservative treatment. It is also appropriate after surgery and before steroid injections are considered to assess for rotator tears associated with impingements. The MRI is appropriate.