

Case Number:	CM13-0034874		
Date Assigned:	12/11/2013	Date of Injury:	10/13/2010
Decision Date:	02/11/2014	UR Denial Date:	09/27/2013
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 Pain Management 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:

Male claimant sustained an fall related injury to the right shoulder, chest and neck on 10/13/10. CT scans and MRIs between 2011-2013 indicated cervical foraminal stenosis. An examination on 9/23/13 indicated that claimant had neck pain with radiation to the left arm There was no new numbness or weakness in the left arm. Examination indicated positive Spurlings's test of the neck and neck pain with range of motion. A repeat MRI was requested of the neck as well as a request for an MRI of the shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to the MTUS guidelines cited above, an MRI of the shoulder is indicated when there are findings consistent with a rotator cuff tear, impingement symptoms, tumor or infection . In this case, the claimant's symptoms are more consistent with cervical pathology. The examination and claimant subject complaints were not consistent with red flag

findings requiring an MRI of the shoulder. As a result , the request for a shoulder MRI is not medically necessary.