

Case Number:	CM13-0040177		
Date Assigned:	03/28/2014	Date of Injury:	07/18/2012
Decision Date:	05/08/2014	UR Denial Date:	10/14/2013
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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California and Virginia. 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/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:

The patient is a 65 year old male who was injured on 7/18/12; while lifting and pulling a metal lid, he felt sharp pain in his right shoulder. Prior treatment history has included injections, and six weeks of physical therapy. The patient underwent left shoulder arthroscopic surgery in January 2012, right shoulder arthroscopic surgery on 12/5/12, right carpal tunnel release, and left carpal tunnel release on 1/4/12. A PR-2 dated 9/26/13 indicated that the patient presents for follow-up examination of his right shoulder. He continues to have soreness. He is going to physical therapy which he states to be helping. He states that pain level is a 5/10. Objective findings on exam revealed full range of motion, but he still has soreness. X-rays were taken of the right shoulder and right humerus which showed impingement syndrome. X-rays of the right hand were normal in appearance. An MRI of the right shoulder has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: According to the 9/26/13 PR-2, the patient is status post right shoulder arthroscopy on 12/5/12. He reported attending physical therapy with benefit. It is reported that an x-ray revealed impingement; however, examination demonstrated full range of motion. There is no evidence of instability or recent acute shoulder trauma, and plain films indicated impingement. The patient does not demonstrate any functional deficits or other significant findings on examination that would support the medical necessity of an MRI of the right shoulder. The medical necessity of the requested right shoulder MRI is not supported by the medical records, and is not supported by the guidelines. Therefore, the request is non-certified.