

Case Number:	CM13-0048884		
Date Assigned:	12/27/2013	Date of Injury:	11/13/2010
Decision Date:	05/19/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 claimant is a 39-year-old female who was injured on November 13, 2010, secondary to cumulative trauma. Specific to the claimant's right shoulder, there was September 24, 2013 progress report indicating the claimant was status post right carpal tunnel release with chronic diagnosis of shoulder impingement on the right with rotator cuff tendinopathy. The claimant at that time was noted to be with continued subjective complaints of shoulder pain with limited range of motion. The examination demonstrated no acute distress with positive Neer and Hawkins testing and positive impingement. Indication at that time was for a right shoulder MRI scan for further diagnostic workup. Further review of clinical records did not indicate previous imaging to the shoulder with formal review of records. The previous documentation of treatment in regards to the claimant's chronic shoulder impingement is also not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST: 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): 196.

Decision rationale: Based on California ACOEM Guidelines, MRI scan to the shoulder would not be indicated. The records indicate the claimant to be greater than 3 ½ years from time of injury with the current diagnosis of "chronic impingement". The claimant's physical exam findings were highly consistent with the diagnosis of impingement syndrome. Without documentation of previous imaging for review to confirm or refute the claimant's working diagnosis, the acute need of further imaging at this stage in the claimant's clinical course of care with clinical presentation and exam findings already supporting the claimant's working diagnosis, the role of further imaging would not be indicated.