

Case Number:	CM13-0049796		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2012
Decision Date:	02/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The patient is a 56-year-old male who reported injury on 05/07/2012. The mechanism of injury was not provided. The patient was noted to have an AC injection that helped little with regard to shoulder pain. The patient was noted to have movement restricted with internal rotation behind the body limited to 90 degrees in the right shoulder. The right shoulder was noted to have a positive Hawkins test. The patient was noted to have tenderness to palpation in the acromioclavicular joint. The patient's diagnoses was noted to be rotator cuff syndrome, NOS, and right shoulder pain. The request was made for a right shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013

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

Decision rationale: The ACOEM Guidelines indicate that the criteria for imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction. There was a lack of documentation of an objective physical examination including

myotomal or dermatomal findings to support the necessity for the examination. Additionally, there was lack of documentation indicating the patient had studies at a lower level. Given the above, the request for an MRI of the right shoulder is not medically necessary.