

Case Number:	CM13-0054741		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2012
Decision Date:	03/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational 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:

The patient is a 52 year old female who sustained an injury on 12/30/2012 while lifting a tub of cream to move it to a different location. The treatment thus far has included medications (Naprosyn prescribed 02/27/2013 and Advil), physical therapy (reported in the UR as 8 sessions) and an injection. According to the UR report, the patient had a MRI of the left shoulder (unknown date- MRI report not provided) which showed impingement due to a Type II acromion with prominent keel spur. The patients treating physician has requested a repeat MRI of the shoulder with and without contrast. The examination on the date of request reported the patient presenting with complaints of pain of the left shoulder (posterior) which radiates to the arm. She described the pain as mild, moderate in severity, constant and aching. Related symptoms include weakness of the biceps and burning sensation. The patient reports the pain is relieved with rest and cream and there are no changes since the last visit. There was no detailed physical examination performed/reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the shoulder with and without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Arthrography.

Decision rationale: The patient has already had a MRI of the left shoulder, which showed impingement syndrome. Throughout the medical records provided, there are limited physical examination findings to show a need for a repeat MRI