

Case Number:	CM13-0060240		
Date Assigned:	01/08/2014	Date of Injury:	10/02/2013
Decision Date:	04/24/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Hand 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 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 54 year-old male with a date of injury reported on 10/02/2013 and the mechanism of injury was lifting. The current diagnosis is disorders of bursae and tendons in the shoulder region (rotator cuff syndrome nos). The clinical note from 10/21/2013 indicated the patient had decrease range of motion, tenderness, pain, spasm, and decrease strength to the right shoulder. Details of current medications and/or physical therapy are not provided in the medical documentation. The current treatment plan was magnetic resonance imaging (MRI), of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California ACOEM guidelines indicate that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly,

provided red-flag conditions are ruled out. Details of conservative treatment such as physical therapy and/or medications for a four- to six- week period are not provided in the documentation. Therefore, the request for magnetic resonance imaging (MRI) of the right shoulder is not medically necessary.