

Case Number:	CM13-0064810		
Date Assigned:	01/03/2014	Date of Injury:	03/19/2013
Decision Date:	08/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 and is licensed to practice in Nevada. 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 injured worker is a 38-year-old male who was reportedly injured on March 19, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 6, 2013, indicated that there were ongoing complaints of right shoulder pain. Magnetic resonance image (MRI) results were reviewed on this date, which showed subacromial/subscapularis bursitis, osteoarthritis of the acromioclavicular joint, and signs of impingement. There was a request for an orthopedic referral. A request had been made for an MRI of the right shoulder and was not certified in the pre-authorization process on November 4, 2013.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

Decision rationale: It is unclear from this request if this is a prospective or retrospective request for a magnetic resonance image (MRI) of the right shoulder. A previous MRI of the right

shoulder was performed on September 27, 2013. There was also no documentation regarding any prior conservative treatment that has been conducted. Without more clarification or additional information, this request for an MRI of the right shoulder is not medically necessary.