

Case Number:	CM13-0070496		
Date Assigned:	01/03/2014	Date of Injury:	05/17/2013
Decision Date:	06/02/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 reported a right shoulder injury on 10/16/2013; the mechanism of injury was not noted in the submitted documentation. Within the clinical note dated 12/03/2013 the injured worker reported right shoulder pain rated a 2/10 and any motion above head elevated the pain to a 5/10. Upon the physical exam the clinical notes reported her active range of motion was limited in abduction to 90 degrees, forward flexion at 90 degrees, internal rotation at 50 degrees, and was positive for impingement test. The request for authorization was dated 10/17/2013.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Indicators for Imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The request for a right shoulder MRI is non-certified. The American College of Occupational and Environmental Medicine recommend that magnetic resonance imaging is not medically necessary for a positive impingement test. Furthermore, the guidelines

recommend that prior to imaging there be an exhaustion of conservative care. The submitted documentation is unclear if the injured worker had undergone conservative care. In addition, the injured worker has a diagnosis of impingement syndrome. Therefore, the request for MRI of the right shoulder is not medically necessary and appropriate.