

Case Number:	CM14-0006588		
Date Assigned:	03/03/2014	Date of Injury:	06/16/2010
Decision Date:	08/08/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 records presented for review indicate that this 52-year-old female was reportedly injured on June 16, 2010. The mechanism of injury is a trip and fall. The most recent progress note, dated December 2, 2013, indicates that there are ongoing complaints of neck pain, bilateral knee pain and bilateral shoulder pain. Current medications include Terocin lotion and Norco. The physical examination demonstrated tenderness over the medial joint line of the right knee and trigger points in the lower lumbar region. There was decreased sensation to light touch at the lateral aspect of the leg although it is not stated which one. There was a positive right knee McMurray's test. The treatment plan included a functional capacity evaluation and a refill of Norco. Diagnostic imaging studies of the right shoulder dated April 19, 2011 noted a partial thickness tear of the rotator cuff and tendinosis. Previous treatment includes oral medications, work restriction, physical therapy and a home exercise program. A request had been made for an MRI of the right shoulder without contrast and was not certified in the pre-authorization process on January 8, 2014.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to the attached medical records the injured employee has had a previous MRI the right shoulder on April 19, 2011. There is no mention of any worsening physical condition or any red flag conditions regarding the right shoulder since the date of that study. Therefore without particular justification this request for an MRI of the right shoulder without contrast is not medically necessary.