

Case Number:	CM14-0015355		
Date Assigned:	02/28/2014	Date of Injury:	03/27/2010
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 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 44 y/o male DOI 3/27/10. He underwent a 3 level cervical decompression and fusion surgery close to 1 year ago. He has also had a left wrist fusion due to a scaphoid collapse. Additional treatment has included analgesic medications with a previous diagnosis of CRPS involving the left upper extremity. The cervical fusion has been moderately successful and as the cervical associated pain has improved right shoulder discomfort has become more noticeable. Symptoms and exam findings are documented to be consistent with and impingement syndrome. A shoulder MRI is requested to see if a specialists referral is necessary. There is no documentation of a reasonable course of therapy prior to the request for the shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER WITHOUT CONTRAST: 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): 212, 214.

Decision rationale: There is no evidence that reasonable conservative care has been attempted prior to the request for the right shoulder MRI. The exam is consistent with impingement

syndrome, but there is no evidence of a complete or significant tear of the rotator cuff. Guidelines recommend at least an initial trial of therapy prior to consideration of surgery and an MRI is recommended only if surgery is being contemplated. The MRI does not appear medically necessary at this point in time without the conservative care recommended being completed before the MRI.