

Case Number:	CM14-0016157		
Date Assigned:	03/05/2014	Date of Injury:	01/02/2013
Decision Date:	10/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/09/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 reflect a request for an MRI left shoulder was not certified in the preauthorization process. The mechanism of injury was noted to be a slip and fall. Shoulder arthroscopy had been completed in June, 2013. After appropriate rehabilitation, there were ongoing complaints of shoulder pain. The physical therapy discharge note indicated flexion of 160, abduction to 168, and strength at 5/5. It was indicated the long-term goals are met. With the November 2013 follow-up progress note, clearance to return to work is noted. Plain films of the left shoulder obtained in January 2013 noted degenerative findings and a possible pseudo-tumor. Also completed was a referral for a PR-4 evaluation. The February 2014 progress note indicated additional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT 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.

Decision rationale: The records reflect that a recent shoulder arthroscopy was completed. Furthermore, the most recent progress notes presented for review report a slight decrease in

shoulder range of motion. Muscle strength is noted to be 4/5 and medication were decreased. Therefore, when noting the parameters for MRI as outlined in the ACOEM guidelines, tempered by the most recent physical examination findings, there is no clear clinical indication presented to support the medical necessity of repeating the MRI. The request is not medically necessary.