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| Case Number: | CM14-0119846 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 10/26/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 Family 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:

54 yr. old male patient sustained a cumulative work related injury from 5/2/86 to 10/26/12 involving the knees and shoulders. He was diagnosed with bilateral knee and shoulder derangements as well as a right rotator cuff tear. He had undergone right shoulder surgery for rotator repair. He had undergone therapy, use of oral analgesics and the use of an H-wave unit. A progress note on 5/15/14 indicated the claimant had persistent right shoulder pain and reduced range of motion. The treating physician requested an MRI of the right shoulder as well as aqua therapy and home therapy kit.

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): 217. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) Official Disability Guidelines: Indications for imaging-Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, an MRI of the shoulder is not recommended for routine evaluation without a plan for surgery. The injury was remote and prior surgery had been performed. There was no plan for another surgery or physical findings suggestive of a rotator tear. Based on the guidelines and the clinical notes, the request for an MRI of the shoulder is not medically necessary.