

Case Number:	CM14-0129684		
Date Assigned:	08/20/2014	Date of Injury:	09/26/2011
Decision Date:	09/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 39 year old female was reportedly injured on September 26, 2011. The mechanism of injury was noted as catching a falling container lid. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated well healed surgical portals and decreased right shoulder range of motion with pain, tenderness at the anterior and lateral aspect of the shoulder, and a normal upper extremity neurological examination. Diagnostic ultrasound of the right shoulder showed rotator cuff tendons to be intact and no obvious bony abnormalities. Previous treatment included a right shoulder arthroscopy. A request was made for an MRI of the right shoulder and was not certified in the preauthorization process on August 1, 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, RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, a repeat MRI of the shoulder is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The physical examination of the right shoulder does not indicate any significant pathology. Additionally, a diagnostic ultrasound of the right shoulder also did not show any abnormalities. Considering this, this request for an MRI of the right shoulder is not medically necessary.