

Case Number:	CM14-0158160		
Date Assigned:	10/01/2014	Date of Injury:	03/14/2012
Decision Date:	11/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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:

This injured worker's date of injury is 03/14/2012. The patient works as chef who makes candy. This patient receives treatment for chronic right shoulder pain which resulted from repetitive lifting and pushing. An x-ray of the right shoulder showed slight narrowing of the A/C joints. Neck exam shows slight reduction in the ROM. The patient's right shoulder was tender at the subacromial bursa. Diagnosis is rotator cuff tendinitis with impingement syndrome. The patient received an intra-articular Cortisone injection.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 7/29/14), Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI

Decision rationale: The documentation does not show that a 6 week trial of conservative therapy has been tried and failed for the chronic right shoulder pain. The documentation does not

show why the MRI is now indicated for an injury that was initially diagnosed in 2012. The shoulder MRI is not medically necessary.