

Case Number:	CM14-0169350		
Date Assigned:	10/17/2014	Date of Injury:	09/08/2006
Decision Date:	11/19/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 9/8/2006. The claimant is treated for shoulder pain and has current diagnoses of right neuropathic shoulder pain, right AC (acromioclavicular) joint dysfunction and right biceps tendonitis. Prior treatments have included multiple surgical procedures, physical therapy and medication. MRI performed in 2012 prompted no surgical interventions. The current plan for treatment includes TENS unit and medication. The request is for MRI right shoulder.

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 without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical

indication. The submitted medical records do not indicate any plan for surgical intervention. As such, shoulder MRI is not medically necessary.