

Case Number:	CM14-0182019		
Date Assigned:	11/06/2014	Date of Injury:	10/17/2000
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Practice, 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:

62 year old female claimant sustained a work injury on 10/17/2000 involving the right shoulder, neck and low back. A previous MRI of the neck and back showed cervical disc bulging at C3-C7 and L5-S1. She had undergone a functional restoration program, physical therapy, acupuncture and the use of a TENS unit. A physician note on 10/21/14 indicated the claimant had right shoulder, neck and low back pain. Methadone was not helpful. The right shoulder had decreased range of motion and impingement findings. An MRI of the right shoulder was requested due to increasing pain and decreasing range of motion.

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 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 Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative

evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI of the shoulder is not medically necessary.