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| Case Number: | CM14-0034895 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 08/17/2012 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 02/27/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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:

This case involves a 37 year old male claimant who sustained a work injury on 8/17/12 involving the neck, shoulders, left wrist and low back. He was diagnosed with cervical disc syndrome as well as a herniated nucleus pulposus of the lumbar spine. He had right shoulder impingement. A progress note on January 6, 2014 indicated the claimant had right shoulder pain. Physical findings were notable for having a positive Hawkins and Neer's test of the right shoulder consistent with impingement. An MRI was performed on February 12, 2014 of the right shoulder which showed possible tear of the posterior labrum, degeneration of the anterior labrum, down sloping of the acromion, and supraspinatus tendonosis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Magnetic Resonance Imaging (MRI) of the Right Shoulder, Without Contrast, as an Outpatient: 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 of the shoulder is not recommended for evaluations without surgical considerations. In addition, it is indicated for partial or full thickness rotator tears. The claimant had findings consistent with impingement not a rotator tear. There was no physician progress note or plan for surgery prior to the MRI of the right shoulder. The MRI is not medically necessary.