

Case Number:	CM14-0035085		
Date Assigned:	06/23/2014	Date of Injury:	02/06/2014
Decision Date:	07/28/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/21/2014

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 & 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 injured worker is a 47-year-old gentleman who was reportedly injured on February 6, 2014. The mechanism of injury is noted to be right shoulder pain while driving. The most recent progress note, dated February 14, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated a positive impingement test and empty can test of the right shoulder as well as decreased range of motion. There was also swelling, and tenderness although it is not stated where. X-rays of the right shoulder were unremarkable. Continued shoulder rehab recommended. A request had been made for a magnetic resonance image of the right shoulder without contrast and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI UPPER EXTREMITY W/O 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): 196.

Decision rationale: At the time the previous utilization management review the injured employees right shoulder injury was only 19 days old and he was still participating in physical therapy at that time. It is unclear why a magnetic resonance image of the right shoulder is requested so early when there has not been demonstrated to be any red flags or failure of conservative therapy. This request for a magnetic resonance image of the right shoulder without dye is not medically necessary.