

Case Number:	CM14-0036557		
Date Assigned:	06/25/2014	Date of Injury:	03/28/2012
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/25/2014

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 and 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 45-year-old female who was reportedly injured on March 28, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 20, 2013, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated decreased range of motion with forward flexion to 130, external rotation to 80 and internal rotation to 30. There was a positive Speed's test and tenderness over the biceps tendon. Continued physical therapy was recommended as well as a magnetic resonance imaging (MRI) arthrogram of the right shoulder. A request had been made for an MRI arthrogram of the right shoulder and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: According to the most recent note dated November 20, 2013, the injured employee has participated in physical therapy but it has not stated for how long and what kind of efficacy has been achieved or what other conservative treatments have been employed. Without this information, this request for a magnetic resonance arthrogram of the right shoulder is not medically necessary.