

Case Number:	CM14-0045437		
Date Assigned:	06/27/2014	Date of Injury:	07/01/2005
Decision Date:	10/06/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 records, presented for review, indicate that this 63-year-old individual was reportedly injured on July 1, 2005. The mechanism of injury was noted as a cumulative trauma syndrome. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of right shoulder pain. It was noted there was a recent decline as there was no recent physical therapy. The physical examination demonstrated a decrease in shoulder range of motion. Pain was in the bilateral shoulders. There was also a positive impingement sign to the left shoulder. Diagnostic imaging studies were not reported. Previous treatment included several surgeries, multiple medications, physical therapy, and pain management interventions. A request had been made for MRI of the left shoulder and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic Resonance Imaging (MRI) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

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

Decision rationale: As outlined in the ACOEM guidelines, there needs to be a clear clinical indication of a surgical lesion prior to pursuing a right shoulder intervention. The recent progress notes indicate pain in the left shoulder and a limited range of motion. However, plain radiographs were not presented for review. There was some suggested impingement sign, but when noting the age of the injured worker, the plain films would be necessary to establish surgical intervention. Therefore, based on the clinical information presented for review, there is insufficient information presented to support the necessity of such a study. The request is not medically necessary.