

Case Number:	CM14-0058802		
Date Assigned:	07/09/2014	Date of Injury:	04/06/2011
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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:

Patient is a 42 year-old male with date of injury 04/06/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/25/2014, lists subjective findings as pain in the right shoulder that radiates to the neck and down the arm. Objective findings: Examination of the right shoulder revealed full range of motion with nonspecific complaints of pain. Examination of the neck revealed no spasm, pain to the left nuchal and mid trapezius muscle, full range of motion with nonspecific complaints of left-sided neck pain. Diagnosis: 1. Right shoulder impingement syndrome 2. Status post right arthroscopic shoulder surgery 3. Flare-up cervical sprain/strain 4. Post left shoulder surgery. Patient is status post right shoulder arthroscopic surgery on 11/01/2011. There was no documentation of any previous MRIs included in the reports supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: 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): 208.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. Therefore, the request is not medically necessary.