

Case Number:	CM14-0068672		
Date Assigned:	07/14/2014	Date of Injury:	03/01/2013
Decision Date:	12/02/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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 Illinois. 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 48 years old right hand dominant woman who does primarily computer work with some overhead reaching who states she was injured on March 1, 2013. In April of 2013, she stated she was 65% improved. She states she has right side 6/10 pain, numbness and tingling from her neck into her shoulder blade and shooting pains into her hand. She has had extensive physical therapy and acupuncture treatment, as well as medications and at least 2 cortisone injections. Radiographs of the shoulder are negative. Exam is noted for normal range of motion, strength and deep tendon reflexes in bilateral shoulders, with tender right biceps and positive Neer's and Hawkin's tests on the right. Her diagnoses are right shoulder impingement, biceps tendinitis and cervical spine degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder without contrast: 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): 201.

Decision rationale: Per American College of Occupational and Environmental Guidelines, a magnetic resonance imaging of the shoulder is indicated for suspected rotator cuff tears, osteonecrosis, brachial plexopathy, shoulder dislocation, or instability. This worker has right shoulder impingement, biceps tendinitis, and cervical spine degenerative disc disease from repetitive movements. She does not meet the American College of Occupational and Environmental guidelines criteria; therefore, this request is not considered medically necessary.