

Case Number:	CM14-0071953		
Date Assigned:	07/16/2014	Date of Injury:	09/06/2011
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 records, presented for review, indicate that this 46-year-old individual was reportedly injured on September 6, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 16, 2014, indicated that there were ongoing complaints of neck and thoracic back pains. The injured employee returned to regular duty on April 8, 2014. It was noted that three sessions of chiropractic care have been completed. There were ongoing complaints of right shoulder pain. The physical examination demonstrated no palpable tenderness in the right shoulder. There was pain with Hawkins test and Neer's sign. Diagnostic imaging studies reportedly included a normal cervical spine MRI dating back to April 15, 2013. Previous treatment included conservative care, multiple medications and chiropractic care. A request had been made for MRI and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI upper extremity (right shoulder) without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-shoulder 12th edition web 2014.

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

Decision rationale: As outlined in the ACOEM guidelines, routine MRI for the shoulder disorders is not indicated unless there is a specific surgical lesion. It is noted that there are pain complaints, and a positive Neer's sign, which would indicate an ordinary disease of life degenerative process of acromioclavicular joint arthritis. However, based on the range of motion, this does not appear to be a surgical lesion. Furthermore, plain films were not presented for review. As such, there is insufficient clinical information presented to support the medical necessity of this request.