

Case Number:	CM14-0079540		
Date Assigned:	07/18/2014	Date of Injury:	10/24/2013
Decision Date:	10/09/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 24-year-old female who was carrying a heavy tray when she felt a sharp pain on 10/24/2013. The clinical note dated 04/29/2014 indicated diagnosis of right shoulder pain. The injured worker reported she had 13 sessions of physical therapy but still reported right shoulder pain. The injured worker's treatment plan included request for MR arthrogram of the right shoulder. The injured worker's prior treatments included a left knee arthroscopy in 2012 and physical therapy. The injured worker's medication regimen included Naproxen. The provider submitted a request for an MR arthrogram of the right shoulder. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, MR arthrogram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, MR arthrogram

Decision rationale: The request for MR Arthrogram of right shoulder is not medically necessary. The Official Disability Guidelines recommend MR arthrogram as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. There is lack of objective findings or physiological evidence indicating specific nerve compromise per neurological exam to warrant imaging. Therefore, the request is not medically necessary.