

Case Number:	CM14-0086896		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2008
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 injured worker is a 53-year-old male who was reportedly injured on October 10, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of bilateral shoulder, bilateral upper extremity, cervical and lumbar pains. The shoulder pain was described as throbbing, aching and dull. The physical examination demonstrated a 6 foot tall, hypertensive (130/96) individual who appeared to be in mild distress with tenderness to palpation of the bilateral shoulders and upper extremities noted. A full range of motion of the bilateral shoulders was also noted. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy and medications. A request had been made for a magnetic resonance image of the right shoulder and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The most recent progress note presented for review noted the injured employee had complaints of pain, tenderness to palpation; however, there was a full range of motion of both shoulders. There was no neurological compromise, no plain films or indicator of any intra-articular pathology. Therefore, when considering the parameters outlined in the American College of Occupational and Environmental Medicine guidelines, and the lack of any specific indicators or red flags, there was no data presented to establish a medical necessity for this study.