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| Case Number: | CM13-0000081 | | |
| Date Assigned: | 04/05/2013 | Date of Injury: | 02/04/2013 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 03/08/2013 |
| Priority: | Standard | Application Received: | 03/22/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 59-year-old male, who sustained an industrial injury on 2/04/2013. He reported left shoulder pain after routine lifting work activities. The injured worker was diagnosed as having tendonitis/tenosynovitis to the left shoulder. Treatment to date has included medications, chiropractic, and physical therapy. On 3/01/2013, the injured worker complained of persistent left shoulder pain and loss of range of motion. He reported significant pain with certain movements, overhead motion and extension. Pain was rated 4/10. A physical exam of the left shoulder was noted. The treatment plan included magnetic resonance imaging of the left shoulder, due to suspected SLAP (superior labral anterior posterior) tear. The medical records did not detail right shoulder complaints or findings to support a treatment plan for magnetic resonance imaging of the right shoulder.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: Guidelines do not recommend routine MRIs for the shoulder unless clinical exam and subjective complaints are in accordance with guidelines. In this case, there is no documentation of right shoulder problems (only left shoulder problems). Thus, the request for MRI of the right shoulder is not medically appropriate and necessary.