

Case Number:	CM14-0145317		
Date Assigned:	09/12/2014	Date of Injury:	02/21/2013
Decision Date:	04/15/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on February 21, 2013. She reported a cumulative trauma injury of the right shoulder. The injured worker was diagnosed as having chronic right shoulder pain. Treatment to date has included work modifications and medications including pain and non-steroidal anti-inflammatory. On August 5, 2014, the injured worker complains of chronic right shoulder pain. Prolonged or significant use of the right arm makes the right shoulder pain worse. She currently uses include pain and non-steroidal anti-inflammatory medications. The physical exam revealed right shoulder movements were limited due to pain. The treatment plan includes an MRI of the right shoulder. On December 26, 2014, an MRI of the right shoulder was performed.

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 without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Treatment at that time included physical therapy and medications. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The MRI of the Right Shoulder without contrast is not medically necessary and appropriate.