

Case Number:	CM14-0194098		
Date Assigned:	12/01/2014	Date of Injury:	10/02/2013
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/19/2014

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 Orthopedic Surgeon and is licensed to practice in New York. 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 patient has a date of injury of October 2, 2013. The patient has chronic right shoulder and wrist pain. She's had physical therapy. She continues to have pain. The medical records indicate that the patient has pain with activities but the shoulder pain is improving. The patient also has pain in her wrist. Physical examination of the right shoulder shows a well-healed arthroscopy scars. There is tenderness to the a.c. joint. Range of motion is slightly limited and painful. At issue is whether gadolinium MRI of the right shoulder is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intra-Articular Gadolinium MRI of the right shoulder, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: This patient does not meet criteria for right shoulder MRI. Specifically, the medical records do not indicate that the patient has worsening of the shoulder problem. The medical records indicate that the patient is improving with physical therapy. In addition the

physical examination does not document rotator cuff tear or specific pathology that would warrant shoulder MRI at this time. Additional conservative measures are appropriate at this time. There is no about changing the patient's symptomatology to warrant new MRI. Medical records do not support the need for shoulder MRI at this time.