

Case Number:	CM14-0194166		
Date Assigned:	12/01/2014	Date of Injury:	02/10/2012
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
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 Geriatrics, 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 injured worker is a 44 year old man with a date of injury of 2/10/12. He was seen by primary treating physician on 10/10/14 with complaints of ongoing pain to the right wrist, elbow and shoulder rated 6-7/10 without medications. His exam of the right shoulder showed tenderness over the glenohumeral joint with decreased range of motion in all planes. He had right elbow tenderness over the scar with decreased range of motion with extension. He was tender in the right wrist also. His diagnoses were right shoulder internal derangement, status post ORIF right elbow and right wrist internal derangement. At issue in this review is the request for a right shoulder MRI to rule out rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 195-224.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the right shoulder. The records document a physical exam with glenohumeral joint tenderness and

reduction in range of motion but no positive impingement tests and no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the right shoulder is not medically indicated. The medical necessity of a MRI for Right Shoulder is not substantiated in the records. Therefore, this requested MRI is not medically necessary.