

Case Number:	CM14-0202802		
Date Assigned:	12/15/2014	Date of Injury:	10/22/2011
Decision Date:	01/31/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 47 year old male with a date of injury of 10/22/2011. The mechanism of injury is not in the submitted documentation. The patient rates the shoulder pain an 8 of 10, worse with flexion and overhead reaching. Treatments provided to the patient include ice, physical therapy and acupuncture. It appears a previous MRI scan has been performed however there are no reports included in the documentation. There is no other treatment or medication documented that has been prescribed. Utilization Review dated 11/10/2014, denied the requested MRI as not medically necessary per Official Disability guidelines, shoulder.

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 Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 214.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff tear, impingement syndrome, tumors and infections. There is no

documentation file of any of the above pathologies. Therefore, the request for MRI Right Shoulder is not medically necessary.