

Case Number:	CM14-0210590		
Date Assigned:	12/23/2014	Date of Injury:	09/08/2006
Decision Date:	02/17/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice, and is licensed to practice in California. 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:

56 yr. old male claimant sustained a work injury on 9/8/06 involving the right shoulder. He was diagnosed with a right shoulder AC joint dysfunction and biceps tendonitis. He had used a TENS unit and NSAIDs for pain control and function. X-rays of the shoulder had shown a prior distal clavicle excision and subacromial decompression. He had 4 prior surgeries of the shoulder for possible SLAP repair. A progress note on 5/22/14 indicated the claimant had shoulder pain with palpation and with movement. The claimant had an MRI a few months prior. There were no recent new injuries. Due to his pain a repeat MRI of the right shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended

for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The claimant had numerous surgeries previously and MRIs. The MRI request of the shoulder is not medically necessary.