

Case Number:	CM15-0002868		
Date Assigned:	01/13/2015	Date of Injury:	04/03/2009
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 an adult female who sustained a work related injury from 2008-2009. She has been diagnosed as being status post right shoulder surgery for a torn rotator cuff, myofascial pain syndrome, ulnar neuropathy, and depression. She has been complaining of right sided shoulder pain. A right shoulder MRI was subsequently requested. A utilization review physician did not approve this request as no red flag symptoms were documented, nor any evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, nor is a repeat surgical procedure currently being contemplated for which clarification of anatomy is necessary. An independent medical review has been requested to determine the medical necessity of this request.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations. Page(s): Pages 207-209..

Decision rationale: California MTUS guidelines do state, "For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings." The records i have received are almost exclusively from 2013. There is not good documentation in the limited medical records that have been provided as to why a repeat MRI of the right shoulder is being requested. No red flag conditions are discussed either that would support such a request. Therefore, this request is not considered medically necessary.