

Case Number:	CM15-0107355		
Date Assigned:	06/11/2015	Date of Injury:	10/05/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 55-year-old male, who sustained an industrial injury on 10/05/2013. The injured worker was noted to be carrying a sprinkler over a winery tank when the sprinkler fell and caught his left long finger, which he briefly grabbed, and it pulled the left shoulder and left hand. He was noted to have a diagnosis of left shoulder adhesive capsulitis and underwent a surgical intervention. On provider visit dated 05/19/2015 the injured worker has reported left shoulder was noted not to be normal but was better and was now experiencing right shoulder pain because of favoring his left shoulder. On examination of the right shoulder revealed a decreased range of motion. The diagnoses have included right shoulder pain. Treatment to date has included medication. The provider requested MRI of the right shoulder.

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 ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI of the right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207- 209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has right shoulder pain because of favoring his left shoulder. On examination of the right shoulder revealed a decreased range of motion. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI of the right shoulder is not medically necessary.