

Case Number:	CM15-0134206		
Date Assigned:	07/22/2015	Date of Injury:	07/25/2012
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old female patient who sustained an industrial injury on 07/25/2012. The injured worker was employed as a maintenance worker for an apartment complex he sustained an injury to the left shoulder and subsequently underwent surgical repair on 11/26/2012. The patient did return to full work duty and continued working through 07/14/2014 when he alleged another injury to the right shoulder and lower back. A visit dated 06/08/2015 reported current complaints of right shoulder pain with decreased strength and motion of the right shoulder. Objective findings showed a depression on the right shoulder consistent with a proximal biceps tendon rupture. He reports constant midline and right lower back and right buttock pain that radiates down the back of the right leg to the knee. The impression reported right shoulder internal derangement, proximal biceps tendon rupture and probable subcromial impingement syndrome. The patient is not permanent and stationary and is need of medical treatment.

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 shoulder. The records do not document 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 shoulder MRI is not substantiated in the records. The request is not medically necessary.