

Case Number:	CM15-0134321		
Date Assigned:	07/22/2015	Date of Injury:	11/07/2013
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 63 year old woman sustained an industrial injury on 11/7/2013 after a fall. Evaluations include undated electromyogram/nerve conduction studies. Diagnoses include rotator cuff disorder and carpal tunnel release. Treatment has included oral medications. Physician notes from the orthopedic surgeon dated 4/16/2015 show complaints of right upper extremity pain with numbness and tingling in the hand with hand deformity. Recommendations include hand surgeon consultation, right shoulder MRI, and follow up after the above is completed.

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): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 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.

