

Case Number:	CM15-0164039		
Date Assigned:	09/01/2015	Date of Injury:	06/12/2014
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old female, who sustained an industrial injury on 6-12-14. The injured worker has complaints of neck pain, right shoulder pain and low back pain. The documentation noted right shoulder was tender to palpation and decreased range of motion with pain. The diagnoses have included cervical pain; shoulder pain; low back pain and knee pain. Treatment to date has included acupuncture; pain medications; physical therapy and chiropractic therapy. The request was for magnetic resonance imaging (MRI) of the right shoulder without contrast. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the right shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, or an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation reported the worker was experiencing pain in the neck and/or upper back, shoulder, hips, and knee, although some of the handwriting in the submitted treating provider's notes could not consistently be read with full confidence. There was no discussion suggesting a condition such as those listed above, indicating the worker was a candidate for surgery as above, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the right shoulder without gadolinium is not medically necessary.