

Case Number:	CM15-0037580		
Date Assigned:	03/06/2015	Date of Injury:	09/04/2014
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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, Michigan, 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:

The injured worker is a 44-year-old male who sustained a work related injury on September 4, 2014, incurred a shoulder injury. Treatments included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), activity modification, physical therapy and medications. He was diagnosed with a right rotator cuff strain. Currently, the injured worker complained of unresolved shoulder pain a few months after his initial injury. On February 9, 2015, a request for a Magnetic Resonance Imaging (MRI) arthrogram for the right shoulder and an X ray for the right shoulder was non-certified by Utilization Review, noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision) - pp 557-559 Official Disability Guidelines (ODG-TWC) shoulder procedure summary for shoulder chapter last updated on 10/31/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 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 arthrogram for right shoulder is not medically necessary.

X-ray for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to MTUS guidelines, Shoulder X ray could be recommended in case of acute AC joint separation. There is no documentation of such condition in this patient. The request is not medically necessary.