

Case Number:	CM15-0057091		
Date Assigned:	04/01/2015	Date of Injury:	03/07/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female, who sustained an industrial injury on 3/7/12. She reported pain in the neck, bilateral shoulders and back. The injured worker was diagnosed as having adhesive capsulitis-shoulder, myalgia and myositis and arthroscopic shoulder surgery. Treatment to date has included physical therapy, an EMG/NCV study, right shoulder MRI on 2/20/14 and pain medications. As of the PR2 dated 2/19/15, the injured worker reports pain in the bilateral shoulders, neck and back. She rates the pain at 8/10. The treating physician requested a right shoulder MRI.

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 Page(s): 207, 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck, shoulder, and low back pain. She underwent right shoulder surgery in June 2012. An MRI of the right shoulder was done in February 2014. When seen by the requesting provider, there was no pr of the shoulder documented. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the claimant had post-operative MRI of the right shoulder one year before without new injury or apparent change in condition. There are no 'red flags' such as suspicion of cancer or infection or physical examination finding or symptoms of instability or a labral tear. A repeat right shoulder MRI is not medically necessary.