

Case Number:	CM15-0081055		
Date Assigned:	05/01/2015	Date of Injury:	12/09/2014
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 an industrial injury on December 9, 2014, incurring right shoulder and low back injuries. He was diagnosed with a right shoulder rotator cuff strain and low back strain. Treatment included physical therapy, lumbar support, anti-inflammatory drugs and pain medications. Currently, the injured worker complained of persistent right shoulder pain. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the right shoulder.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Guidelines recommend MRI shoulder in patient suspected of having acute, clinically significant rotator cuff tears. It is also recommended in patients with subacute or chronic shoulder pain thought to be a symptomatic rotator cuff tear. In this case, the patient

injured his shoulder in 2014 while stocking shelves. He completed 4 seasons of physical therapy and showed tenderness over the trapezius and deltoid with spasms of the same. Since the patient does not show definitive signs of possible internal derangement of the shoulder, the request for MRI shoulder is not medically necessary.