

Case Number:	CM14-0108652		
Date Assigned:	08/01/2014	Date of Injury:	08/03/2009
Decision Date:	09/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 57-year-old male who sustained a work related injury on 8/3/2009 as a result of pulling and lifting a cart while at work. Since then he has had a near constant complaint of lower back pain with a history of a surgical procedure. He utilizes a cane for ambulation and since February of 2014 has complained of left shoulder pain that he attributes to the cane use. However, on his report dated 6/4/2014 he complains of 7/10 right shoulder pain. No physical examination is documented to corroborate the patient's complaint or is there an explanation as to the reasoning of why the requesting provider decided upon obtaining an MRI as part of the medical management. In dispute is a decision for an MRI 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 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Shoulder.pdf.

Decision rationale: Shoulder MRI: Shoulder MRI is indicated for rotator cuff tendon abnormalities, disorders of the long head of biceps, conditions affecting the thoracic outlet, acromioclavicular and sternoclavicular joints, the ligamentous apparatus of the entire shoulder girdle, intra-articular bodies, infections of the soft tissue, joint and bone, synovial disorders and vascular conditions. Additionally, patient's with recurrent, residual, or new symptoms following shoulder surgery. The patient needs a collaborative physical examination to coincide with the documentation of the chief complaint. Without such, further diagnostic studies are not warranted and medically unnecessary.