

Case Number:	CM14-0126981		
Date Assigned:	08/15/2014	Date of Injury:	03/07/2000
Decision Date:	10/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 57-year-old gentleman was reportedly injured on March 7, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 2014 indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated full right shoulder range of motion and a positive Neer's test, O'Brien's test, and cross arm test. Diagnostic imaging studies of the right shoulder from 2010 revealed a superior labral tear and tendinosis. An upper extremity nerve conduction study revealed a polyneuropathy. Previous treatment is unknown. A request had been made for an MRI of the right shoulder and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upper extremity without dye (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: The injured employee has had a previous MRI of the right shoulder in 2010 which indicated a slap tear. This finding has not been addressed surgically nor is it stated that the

injured employee symptoms have changed since the date of this prior MRI. As such, this request for a repeat MRI of the right shoulder is not necessary.