

Case Number:	CM14-0143506		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old female who reported an injury due to a forward fall on 05/29/2010. On 07/09/2014, her diagnoses included cervical spine strain, lumbar spine strain, status post right shoulder surgery, status post right knee surgery, left knee strain, and diabetes mellitus. Her complaints included pain in the neck, right knee, right shoulder, and left knee. The treatment plan included an MRI of the right shoulder. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/09/2014 was included.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209..

Decision rationale: The request for MRI of the Right Shoulder is not medically necessary. Per the California ACOEM Guidelines, for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve the symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There was no evidence in the submitted documentation that this injured worker was participating in

physical therapy treatments, a home exercise program, or had received acupuncture or chiropractic treatment to the left shoulder. The clinical information submitted failed to meet the evidence based guidelines for MRI. Therefore, the request for MRI of the Right Shoulder is not medically necessary.