

Case Number:	CM14-0157407		
Date Assigned:	09/30/2014	Date of Injury:	06/03/2010
Decision Date:	12/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in California. 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 injured worker's date of injury is 06/03/2010. Medical records regarding the original injury were not provided. This patient receives treatment for chronic right shoulder pain. The medical diagnoses include: right shoulder impingement with A/C joint disease and subacromial bursitis. Right shoulder x-rays show rotator cuff tendinopathy. The injured worker had a right shoulder MRI previously, which showed a SLAP tear (original report not provided). On clinical examination, Neer's test is positive, abduction against resistance is weak, and Hawkin's test is positive. The right shoulder range of motion (ROM) is 50% of normal. Medications used include: Naproxen 500 mg, Norco, Tizanidine, and Omeprazole.

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. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition- Shoulder Chapter (Acute & Chronic) - MRI

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

Decision rationale: The patient was previously diagnosed on MRI with a SLAP injury of the right shoulder; however, neither the report nor the plan of treatment nor the response to therapy so far has been well documented. There was no evidence of nerve root problems, or weakness from a rotator cuff tear, or failure to progress in a strengthening program. Based on the documentation, another shoulder MRI is not medically necessary.