

Case Number:	CM14-0160816		
Date Assigned:	10/06/2014	Date of Injury:	07/12/2013
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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 patient is a 62 y/o female who developed persistent shoulder discomfort secondary to a strain on 7/12/13. She is described to have right shoulder and radiating arm pain associated with a sensation of burning and a stocking glove distribution of diminished sensation to the forearm and hand. Recent evaluations describe a subjective stiffness, but no rotator cuff signs, diminished ROM, or instability is noted. No detailed cervical exam is documented. A prior shoulder MRI was performed on 5/16/13 that revealed a mild tendonosis only and there are no new injuries reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI), right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page(s) 201, 202, 208..

Decision rationale: MTUS Guidelines do not support the use of MRI imaging for non-specific shoulder pain. The prior MRI did not reveal any pathology associated with a clinical picture

that would indicate surgery. There are no unusual circumstances to justify an exception to Guidelines. The requested repeat shoulder MRI is not medically necessary.