

Case Number:	CM14-0096252		
Date Assigned:	09/22/2014	Date of Injury:	08/26/2011
Decision Date:	10/23/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 Illinois. 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 is a 35 year-old construction work foreman who has a date of injury of Aug 26, 2011. He complains of 8/10 right shoulder pain, popping and cracking with 7-8/10 discomfort for one and a half years. He states he has been overcompensating with the left shoulder because of the right shoulder limitations. Home exercise program makes the shoulder hurt worse, but medications, including Norco, and transcutaneous electrical neurostimulation (TENS) increase activities of daily living (ADLs) by 60%. Results of a shoulder magnetic resonance imaging (MRI) from 2011 are not attached and there is mention of a surgery being done but details are not given. His diagnoses include a cervical sprain/strain with numbness and tingling, shoulder strain and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 197.

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, magnetic resonance imaging (MRI) of the shoulder is indicated for suspected rotator cuff tears, osteonecrosis, brachial plexopathies, shoulder dislocation or instability. This worker injured his right shoulder on August 26, 2011 and has had a magnetic resonance imaging (MRI) as well as a previous surgery, although the details are not provided. No documentation of a differential diagnosis, detailed history or physical exam is provided; therefore this request is not medically necessary.