

Case Number:	CM14-0033002		
Date Assigned:	05/12/2014	Date of Injury:	09/08/2013
Decision Date:	03/17/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old, who sustained an industrial injury on 9/8/13. The injured worker had complaints of bilateral shoulder pain. Objective findings for the bilateral shoulder and wrists were not specified. The diagnoses have included impingement syndrome. Some of the notes submitted for review were illegible. Treatment plan for Magnetic Resonance Imaging (MRI) of the bilateral shoulders. According to the utilization review performed on 1/27/14, the requested Magnetic Resonance Imaging (MRI) of the left shoulder and of the right shoulder has been non-certified it is not supported as the outcome of conservative intervention and is not specie in the record review to support the necessity of this diagnostic study. The utilization review noted that there were some illegible notes submitted for review. CA MTUS 2009: 9792.23.2. Shoulder Complaints. ACOEM, 2nd edition, 2008 pages 561-563 was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 214.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff tear, impingement syndrome, tumors and infections. There is no documentation file of any of the above pathologies. Therefore, the request for MRI left Shoulder is not medically necessary.

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 214.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff tear, impingement syndrome, tumors and infections. There is no documentation file of any of the above pathologies. Therefore, the request for MRI Right Shoulder is not medically necessary.