

Case Number:	CM15-0002107		
Date Assigned:	01/13/2015	Date of Injury:	07/21/2007
Decision Date:	07/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 31 year old female who sustained an industrial injury on 07/21/07. Initial complaints and diagnoses are not addressed. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain in the cervical spine, low back, and right shoulder. Current diagnoses include brachial neuritis, lumbago, cervical disc disorder, and shoulder region disease. In a progress note dated 11/25/14 the treating provider reports the plan of care as continued unspecified medications, as well as physical therapy to the lumbar spine and a MRI of the right shoulder. The requested treatments include a MRI of the right shoulder.

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 Chapter 9 Shoulder Complaints Page(s): 208-209.

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. The physician had noted that the rotator was intact but painful. The tenderness was in the anterior glenohumeral joint. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.