

Case Number:	CM15-0013676		
Date Assigned:	02/03/2015	Date of Injury:	12/01/2004
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 48 year old male, who sustained an industrial injury on December 1, 2004. He has reported multiple symptoms. The diagnoses have included osteoarthritis of shoulder, displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, cervicalgia, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, electrodiagnostic studies, carpal tunnel release, and radiological imaging. Currently, the IW complains of right shoulder pain. Physical findings have included tenderness at the biceps through to the elbow of the right arm. On January 9, 2015, Utilization Review non-certified magnetic resonance imaging without contrast for the right shoulder, based on ACOEM, and ODG guidelines. On January 23, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging without contrast for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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.