

Case Number:	CM15-0118903		
Date Assigned:	06/29/2015	Date of Injury:	07/26/2012
Decision Date:	08/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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: California
Certification(s)/Specialty: Emergency 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 31 year old male, who sustained an industrial injury on 7/26/2012. He reported pain in his neck and left shoulder due to repetitive work. Diagnoses have included left shoulder pain status post surgery, cervical spine sprain-strain and right shoulder compensating (overuse) pain. Treatment to date has included acupuncture and medication. According to the progress report dated 4/15/2015, the injured worker complained of numbness and a pressure sensation in his right shoulder. He reported that he had to do everything with his right shoulder due to pain in his left shoulder. Exam of the right shoulder revealed tenderness to palpation. The injured worker was using Norco and topical cream. Authorization was requested for magnetic resonance imaging (MRI) of the right shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The requested MRI of Right Shoulder without contrast, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has numbness and a pressure sensation in his right shoulder. He reported that he had to do everything with his right shoulder due to pain in his left shoulder. Exam of the right shoulder revealed tenderness to palpation. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI of Right Shoulder without contrast is not medically necessary.