

Case Number:	CM15-0122412		
Date Assigned:	07/06/2015	Date of Injury:	03/31/2014
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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, Alabama, 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:

This is a 49 year old male with a March 31, 2014 date of injury. A progress note dated May 20, 2015 documents subjective complaints (right shoulder area pain; cannot lie on right shoulder due to pain), objective findings (tenderness to palpation on the anterior part of the right shoulder; normal range of motion and motor strength; various impingement maneuvers are negative; pain on impaction of the right shoulder), and current diagnoses (right rotator cuff strain; chronic labral tear). Treatments to date have included oral medications, topical medications, magnetic resonance imaging of the right shoulder (showed moderate acromioclavicular joint arthrosis and subchondral changes as well as mild rotator cuff tendinosis and chronic tear over the posterior superior labrum), physical therapy, and home exercise. The treating physician documented a plan of care that included a magnetic resonance imaging of the right shoulder with contrast.

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 with 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): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore the request for MRI of the right shoulder is not medically necessary.