

Case Number:	CM15-0047379		
Date Assigned:	04/14/2015	Date of Injury:	07/30/2014
Decision Date:	06/11/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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 York, Tennessee

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 64 year old female, who sustained an industrial injury on 7/30/2014. She reported pain in her right shoulder, right elbow and right thumb. Diagnoses have included DeQuervan's Disease, right shoulder rotator cuff injury with impingement and possible distal biceps tendon rupture right elbow. Treatment to date has included medication and home exercise program. According to the progress report dated 2/2/2015, the injured worker complained of right shoulder, right arm, right wrist and right thumb pain. Exam of the right shoulder revealed a well healed surgical scar and tenderness to palpation. Exam of the right wrist revealed positive Finkelstein's test. An injection was given to the right shoulder. Authorization was requested for magnetic resonance imaging 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 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; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic) (updated 04/25/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder: Magnetic resonance imaging (MRI).

Decision rationale: Indications for shoulder magnetic resonance imaging (MRI) are as follows: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the patient has had previous MRI of the shoulder. There is no documentation that the patient has red flags, that a new injury has occurred, or that there has been a significant change in the patient's symptoms or findings. Repeat MRI of the shoulder is not indicated. The request is not medically necessary.