MAXIMUS Federal Services

Case Number:	CM15-0068869		
Date Assigned:	04/16/2015	Date of Injury:	01/16/2015
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: North Carolina, Georgia
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 42-year-old male who sustained an industrial injury on 1/16/15 when his shoulder began to ache and when he was putting up shelving, he felt a crunching. Later he went to catch a trash bin from falling causing a pulling of the right arm resulting in shoulder pain. He had no numbness or tingling and his pain level was 8/10. He was diagnosed with right shoulder injury; right shoulder strain; acromioclavicular joint arthropathy, non-industrial. He currently complains of ongoing constant intermittent, sharp, throbbing right shoulder pain that is increased with lying down, sitting and bending. There is numbness, tingling and weakness. Pain is alleviated with no activity. His pain intensity is 10/10 without medications and at rest; with activity and medications 7/10; with activity and no medication 8/10. Medications are cyclobenzaprine, naproxen and Tramadol. Diagnoses include chronic right shoulder pain, unclear etiology; functional deterioration/ loss of the right shoulder; possible right shoulder rotator cuff tears. Treatments to date include physical therapy, which is causing more discomfort, medications, activity modification. Diagnostics include x-ray of the right shoulder (1/16/15). In the progress notes dated 1/19/15 and 2/25/15 the treating provider's plan of care requests MRI of the right shoulder due to his functional limitations and possible internal derangement.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical indiction. The submitted medical records do not describe a concern for rotator cuff tear and do not indicate any plan for surgical intervention. As such, shoulder MRI is not medically indicated.