

Case Number:	CM15-0076944		
Date Assigned:	04/28/2015	Date of Injury:	07/16/2013
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old male who sustained an industrial injury on 7/16/13. The injured worker reported symptoms in the right shoulder. The injured worker was diagnosed as having right shoulder status post cuff repair with interval slide 11/18/13. Treatments to date have included therapy, home exercise program, anti-inflammatory medication, and epidural steroid injection. Currently, the injured worker complains of right shoulder discomfort. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the 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): 195 - 220.

Decision rationale: The patient is a 56 year old male with an injury on 07/16/2013. By the office visit of 11/18/2013 he had completed a right rotator cuff repair. Currently he has right shoulder

pain. MTUS, ACOEM guidelines note that imaging studies are medically necessary when there were red flag signs; red flag signs were not present. There was no documentation of recent trauma or injury. He is not in the recent post operative period. There is no documentation that he is an imminent surgical candidate. There is insufficient documentation to substantiate the medical necessity of a right shoulder MRI.