

Case Number:	CM14-0100642		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2012
Decision Date:	09/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34 year-old female who was reportedly injured on 7/2/2012. The mechanism of injury is not listed. The most recent progress note dated 6/10/2014. Indicates that there are ongoing complaints of right shoulder and low back pain. The physical examination demonstrated right shoulder: range of motion forward flexion 100, abduction 80, external rotation 70, positive tenderness to palpation in the bicep group, positive speeds, Hawkins, and if you can't attest. Positive pain anteriorly with O'Brien's test. Positive tenderness to palpation medial flexor pronator insertion. Sensory exam intact lumbar spine: range of motion 80%. Otherwise normal exam. Diagnostic imaging studies including magnetic resonance image of the right shoulder dated 5/3/2014 which reveals mild tendinosis of the supraspinatus with no tears and mild acromioclavicular joint arthrosis. Previous treatment includes medications, and conservative treatment. A request was made for magnetic resonance image of the right shoulder, and was not certified in the pre-authorization process on 6/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI RT shoulder w/o contrast (05/13/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: American College of Occupational and Environmental Medicine guidelines recommend an magnetic resonance for imaging in patients who have experienced acute shoulder trauma, are suspected of having a rotator cuff tear or impingement syndrome, age greater than 40, with normal radiographs. Individuals with subacute shoulder pain, with suspected instability or labral tear on physical exam. After review of the medical records provided the physical examination of the injured worker does not contain any of the physical exam findings stated above. Therefore this request for a repeat magnetic resonance image of the right shoulder is deemed not medically necessary.