

Case Number:	CM13-0001031		
Date Assigned:	02/28/2014	Date of Injury:	02/20/2013
Decision Date:	06/27/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/08/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 02/10/2013, secondary to unknown mechanism of injury. The injured worker was evaluated on 06/21/2013 for reports of pain to the left shoulder. The exam noted tenderness subacromially, a positive impingement sign, and flexion at 140 degrees with pain. The diagnosis included right shoulder extremity pain with unclear status. The treatment plan included continued physical therapy, continued medication, an MRI of the left shoulder, and a cortisone injection of the left shoulder. The Request for Authorization for an MRI of the left shoulder dated 06/28/2013 was provided in the documentation. The rationale for the MRI was due to persistent pain in the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, SHOULDER MRI,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder,

Decision rationale: The ACOEM Guidelines state special studies are not needed for most patients with shoulder problems, unless a 4 to 6 week period of conservative care and observation fails to improve symptoms, or there is evidence of an emergence of red flags. The exam noted 6 previous physical therapy sessions being helpful. The treatment plan included an extension of the physical therapy twice a week for 3 weeks. There is evidence of conservative care improving symptoms, and a lack of an emergence of red flags. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.