

Case Number:	CM13-0010679		
Date Assigned:	09/25/2013	Date of Injury:	12/12/2007
Decision Date:	02/11/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and 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 physician 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 patient is a 51-year-old male who reported an injury on 12/12/2007. The patient is diagnosed as status post motor vehicle accident with multiple contusion and sprain, low back pain, right shoulder sprain and strain, bilateral inguinal hernia, left Achilles tendinitis, multilevel degenerative joint disease, cervical degenerative disc disease, and diabetes mellitus. The patient was seen by [REDACTED] on 06/21/2013. Physical examination revealed positive Spurling's maneuver, restricted range of motion, spasticity, positive straight leg raising on the left, tenderness to palpation with muscle guarding, and decreased range of motion. Treatment recommendations included continuation of current medication and a request for authorization for a right shoulder MRI

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the right shoulder between 7/17/2013 and 10/5/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207-209.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. According to the clinical notes submitted, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the right shoulder. The employee's physical examination on the date of 06/21/2013 only addressed the cervical and lumbar spine. The medical necessity for the requested procedure has not been established. Additionally, there is no evidence of a failure to respond to recent conservative treatment. Based on the clinical information received, the request for 1 MRI of the right shoulder between 7/17/2013 and 10/5/2013 is non-certified.