

Case Number:	CM13-0025463		
Date Assigned:	11/20/2013	Date of Injury:	03/18/2005
Decision Date:	05/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice 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 54-year-old male who reported a repetitive strain injury on 03/18/2005. The current diagnoses include status post C4 through C6 anterior discectomy and fusion and left shoulder pain. The injured worker was evaluated on 07/10/2013. The injured worker reported Final Determination Letter for IMR Case Number CM13-0025463 3 discomfort in the cervical spine and left shoulder. Physical examination revealed full range of motion of the left shoulder with 5/5 motor strength. Treatment recommendations at that time included an MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LEFT 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): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program, or for clarification of

the anatomy prior to an invasive procedure. As per the documentation submitted, there is no evidence of a failure to progress in a strengthening program with regard to the left shoulder. The injured worker's physical examination revealed full range of motion of the left shoulder with 5/5 motor strength. There is no evidence of the emergence of a red flag, tissue insult or neurovascular dysfunction. The medical necessity has not been established.