

Case Number:	CM13-0026036		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	04/18/2014	UR Denial Date:	08/23/2013
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 Physical Medicine and 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 patient is a 32-year-old male who reported an injury on 01/22/2013. The patient was reportedly struck in the upper back by a student. The patient is currently diagnosed with a sprain/strain of the interscapular musculature on the left. The patient was seen by [REDACTED] on 09/24/2013. The patient reported dull to sharp pain in the upper back. Physical examination revealed tenderness to palpation of the interscapular musculature on the left with trigger point areas of spasm. Treatment recommendations at that time included continuation of formal care and authorization for a left shoulder injection.

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 BETWEEN 8/20/13 AND 10/4/13: 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 Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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, or for

clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, there were no physician progress reports submitted on 08/20/2013 or 10/04/2013. The patient is diagnosed with a sprain and strain of the interscapular musculature on the left. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the right shoulder. The patient does not appear to meet criteria for the requested procedure. As such, the request is non-certified.