MAXIMUS Federal Services

| Case Number: | CM13-0031650 | | |
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| Date Assigned: | 12/04/2013 | Date of Injury: | 11/08/2011 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

## 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 and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 11/08/2011. The patient is status post bilateral CMC arthroplasty, with the right side most recently completed on 08/29/2012. Additionally, at the time of the surgery, the patient underwent right carpal tunnel release, flexor tenosynovectomy, and flexor carpal radialis tendon transfer. On 03/20/2013, she underwent a left wrist surgery for removal of a cyst and tissue repair. On a follow-up note dated 08/30/2013, the patient reported no pain over the right thumb basal joint. She had complaints of gradually worsening numbness in the left hand, and also complaints of severe left shoulder pain. The patient had exquisite focal tenderness over the left anterior shoulder, near the biceps tendon region. The patient was also unable to abduct the left arm above the shoulder level; both internal and external rotation of the shoulder elicits severe pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder Qty 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints Page(s): 207-209, 214.

**Decision rationale:** Under Chronic Pain Medical Treatment Guidelines/ACOEM, it states that routine MRIs for evaluation of shoulder disorders without surgical indications are not indicated. Furthermore, 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. In the case of this patient, she sustained her injury in 10/2013. There is no documentation indicating the patient has participated in any form of conservative modality for treatment purposes prior to requesting imaging studies. Therefore, at this time, the requested service does not meet Guideline criteria for an MRI of the left shoulder. As such, the request for MRI left shoulder Qty: 1.00 is non-certified.