

Case Number:	CM13-0035075		
Date Assigned:	12/13/2013	Date of Injury:	03/19/2010
Decision Date:	02/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 54-year-old male who reported injury on 03/19/2010. The mechanism of injury was stated to be a motor vehicle accident. The patient was noted to have bilateral shoulder pain and an inability to lift 10 pounds. The patient was noted to have difficulty driving a car. The patient was noted to have tenderness in the subdeltoid bursa bilaterally and pain on internal rotation and extension of the shoulders. The patient's diagnoses were noted to be stiffness in joint, not elsewhere classified, and pain in joint. The request was made for an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines recommend an MRI when there is physiologic evidence of tissue insult or neurovascular dysfunction as well as failure to progress in a strengthening program intended to avoid surgery and for clarification of anatomy prior to an invasive procedure as well as if there is the

emergence of a red flag. Clinical documentation submitted for review indicated the patient had tenderness in the subdeltoid bursa bilaterally and pain on internal rotation and external rotation of the shoulders. The patient was noted to have local signs of tenderness in the shoulder consistent with rotator cuff problems. However, clinical documentation submitted for review failed to provide the patient had physiologic evidence as there was a lack of documentation of an objective thorough physical examination. Additionally, there was lack of documentation indicating the patient had failure to progress in a strengthening program, and there was a lack of documentation of the emergence of a red flag. Clinical documentation submitted for review indicated the physician would like the patient to have an MRI scan of the shoulder since a tear of the rotator cuff could complicate the patient's condition in the cervical spine. The patient was noted to have severe spinal cord compression due to bony nerve root entrapment of the cervical spine. The submitted request failed to indicate the body part for the MRI.