

Case Number:	CM13-0041228		
Date Assigned:	12/20/2013	Date of Injury:	12/08/2010
Decision Date:	12/31/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 male of unknown age with an injury date of 07/27/11. Only one treatment report is provided. It is undated, but appears to be from 2011 and states that the patient presents with intermittent right shoulder pain lasting for 4 and a half months. Examination of the right shoulder reveals decreased range of motion, tenderness and pain. The patient's diagnoses include lateral epicondylitis, tendonitis of the shoulder, and strain of the wrist. The utilization review being challenged is dated 10/01/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Bilateral Shoulders, Bilateral Elbows, Lumbar Spine and Bilateral Wrists:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging - Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: The provider requests for MRI for the bilateral shoulders, bilateral elbows, lumbar spine and bilateral wrists. The date of the provider's request is not provided. Official Disability Guidelines, Shoulder Chapter, MRI, states recommended with the following indications: Acute shoulder trauma, suspect rotator cuff tear/impingement; Sub acute shoulder pain, suspect instability/labral tear; Repeat MRI not routinely recommended and should be reserved for a change in symptoms or findings suggestive of significant pathology. In this case, the provider does not discuss the reason for this request. There is no evidence from the sole 2011 report provided that rotator cuff tear/impingement or instability/labral tear are suspected. Furthermore, examination or discussion of the bilateral elbows, lumbar spine and bilateral wrists are not provided. There is no evidence of prior MRI's for this patient. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. Therefore, this request is not medically necessary.