

Case Number:	CM13-0042845		
Date Assigned:	03/24/2014	Date of Injury:	12/15/2011
Decision Date:	06/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/20/2013

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 Occupational Medicine 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 50-year-old male who has submitted a claim for Pain in Joint, Upper Arm, associated with an industrial injury date of December 15, 2011. The medical records from 2013 through 2014 were reviewed, which showed that the patient had an MRI of the left shoulder, elbow, wrist, and left forearm. On physical examination, there was limitation of motion of the left shoulder. The left elbow was tender with very little range of motion. The treatment to date has included medications, elbow injection, left radial nerve decompression with left biceps tendon exploration, physical therapy, acupuncture, and TENS unit. The utilization review from October 11, 2013 denied the request for MRI of the left shoulder because the most recent report did not document any shoulder symptoms or exam abnormalities of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: According to pages 179-180 of the ACOEM Practice Guidelines referenced by California MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. In this case, there was no documentation of any red flags or physiologic evidence of neurologic dysfunction. There was also no discussion regarding failure of progression in a strengthening program or future plans of an invasive procedure that may warrant anatomy clarification. The criteria were not met. Therefore, the request for MRI of the left shoulder is not medically necessary.