

Case Number:	CM13-0043379		
Date Assigned:	03/28/2014	Date of Injury:	10/05/2011
Decision Date:	04/29/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 43-year-old male who reported an injury on 10/05/2011. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation dated 10/22/2013 documented that the patient did not have any new symptoms. It was noted that the patient had persistent right shoulder and left shoulder pain complaints. Physical findings included intact sensation to light touch of the left upper extremity. The patient's diagnoses included right shoulder surgery, left shoulder internal derangement, left elbow lateral epicondylitis, and right elbow lateral humeral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE UPPER EXTREMITY JOINTS WITHOUT CONTRAST PROVIDED ON 9/10/13: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine supports the use of an MRI for patients who have red flag diagnoses or in preparation for

surgical intervention. There was no clinical documentation from 09/10/2013 to support that the patient was a surgical candidate or that there were any red flag diagnoses that would benefit from an imaging studies such as an MRI. Additionally, the documentation indicates that the patient has bilateral upper extremity pain. The request as it is submitted does not clearly identify which upper extremity joints would require an imaging study. As such, the requested MRI of the upper extremity joints without contrast is not medically necessary or appropriate.

X-RAY OF THE SHOULDER (2 VIEWS) PROVIDED ON 9/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends x-rays for patients who have persistent shoulder pain or are suspected of a red flag condition. The clinical documentation did not include an evaluation from the date of service of 09/10/2013. Therefore, the appropriateness of the imaging study cannot be determined. There is no documentation of activity limitations or significant deficits that would support the need for an x-ray. As such, the requested x-ray of the shoulder, 2 views, provided on 09/10/2013 is not medically necessary or appropriate.