

Case Number:	CM13-0043840		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2010
Decision Date:	04/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pediatric Rehabilitation and is licensed to practice in 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 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 66-year-old female who reported an injury on 02/15/2010. The patient is currently diagnosed with left late stage IIB acquired flat foot deformity, rheumatoid arthritis, left gastrocnemius contracture, left DVT, left foot triple arthrodesis, and left shoulder pain. The patient was seen by [REDACTED] on 07/25/2013. The patient reported mild pain and swelling of the ankle, as well as continued left shoulder pain. Physical examination revealed an inability to raise left arm above the patient's head. Treatment recommendations included an MRI of the left shoulder to rule out rotator cuff tear.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue

insult or neurovascular dysfunction, failure to progress in a strengthening program, and for clarification of the anatomy prior to an invasive procedure. There is no documentation of tissue insult or neurovascular dysfunction on physical examination. There is also no evidence of a failure to respond to conservative treatment prior to the request for an imaging study. There were no plain films obtained prior to the request for an imaging study. Based on the clinical information, the request is non-certified.