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| Case Number: | CM13-0043984 | | |
| Date Assigned: | 03/28/2014 | Date of Injury: | 05/14/2013 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

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 and Hand Surgery 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 41-year-old male who reported an injury on 05/14/2013. The mechanism of injury was not stated. The patient is diagnosed with C5-6 disc extrusion, history of smoking, rule out left shoulder bursitis, cervical tension headaches, and industrial lumbar disc injury. The patient was seen by [REDACTED] on 09/17/2013. The patient reported 8/10 pain in the cervical spine and bilateral shoulders, as well as weakness in bilateral upper and lower extremities. Physical examination of the left shoulder was not provided on that date. It is noted that the patient demonstrated 4/5 motor strength at the left biceps, as well as guarding at the deltoid. Treatment recommendations at that time included an MRI of the left shoulder for clearance in preparation for cervical spine surgery.

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): 207-209.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, there is no evidence of an emergence of red flags. There was no comprehensive physical examination of the left shoulder provided on the requesting date. There was no evidence of tissue insult or neurovascular dysfunction with regard to the left shoulder. There was also no evidence of a failure to progress in a strengthening program. In the absence of red flags, signs, and symptoms, a left shoulder MRI cannot be supported. The request for MRI of the left shoulder is not medically necessary and appropriate.