

Case Number:	CM13-0046057		
Date Assigned:	01/03/2014	Date of Injury:	07/02/2013
Decision Date:	03/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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 35-year-old male who reported an injury on 07/02/2013. The mechanism of injury was not specifically stated. The patient is diagnosed with left shoulder strain and persistent pain in the left shoulder. The patient was seen by [REDACTED] on 10/21/2013. Physical examination revealed mild tenderness to palpation with negative Neer and Hawkin's testing. Treatment recommendations included an MRI of the left 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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that the 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, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the patient has completed a short course of physical therapy. The patient's latest physical therapy

note is dated 09/19/2013, after three (3) sessions of physical therapy. The patient reported an improvement in symptoms, and was able to return to modified activity. The patient's physical examination on the requesting date of 10/21/2013 only revealed tenderness to palpation. The patient demonstrated negative Neer and Hawkin's testing. There was no evidence of tissue insult or neurovascular dysfunction. The medical necessity has not been established. Therefore, the request is non-certified.