

Case Number:	CM13-0059108		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2011
Decision Date:	06/03/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/29/2013

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 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 injured worker is a 39 year-old male who sustained an injury to his left shoulder on 11/19/11 following the repetitive motion of painting walls. The injured worker was diagnosed with cervical/lumbar strain, right elbow tendonitis and bilateral knee pain. It was reported that the injured worker has had extensive imaging performed including cervical, lumbar, right elbow and bilateral knee MRIs. The records indicate that the injured worker has been approved for 6 physical therapy visits for the bilateral elbows in December of 2011 and a request for chiropractic manipulation treatment was withdrawn. A request for additional physical therapy for the bilateral elbows was denied on 05/08/12. The injured worker was placed at maximum medical improvement for cumulative trauma dated 12/06/12.

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 Chronic Pain Treatment Guidelines Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRI's.

Decision rationale: The request for MRI of the left shoulder is not medically necessary. There was no information provided that indicates that the injured worker's neurological pathology has changed. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There was no mention that a surgical intervention was anticipated. There was no information provided that indicates decreased motor strength, increased sensory or reflex deficits. There was no indication of a new acute injury or exacerbation of previous symptoms. The injured worker was placed at maximum medical improvement for cumulative trauma dated 12/06/12. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the left shoulder has not been established. The request is not medically necessary and appropriate.