

Case Number:	CM13-0069226		
Date Assigned:	01/03/2014	Date of Injury:	09/29/2000
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Surgeon, and is licensed to practice in Georgia and 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 53-year-old male who reported an injury on 09/29/2000. The mechanism of injury was not stated. The patient is currently diagnosed with chronic pain syndrome, left rotator cuff injury, right rotator cuff injury, right medial epicondylitis, right cubital tunnel syndrome, right carpal tunnel syndrome, right lateral epicondylitis, status post right lateral collateral ligament reconstruction, status post right posterior interosseous nerve release, status post anconeus flap, left cubital tunnel syndrome, left carpal tunnel syndrome, and left trigger finger release. The patient was seen by [REDACTED] on 11/07/2013. The patient underwent left endoscopic carpal tunnel release on 08/16/2013. The patient reported improvement in numbness of the left hand. The patient reported persistent pain in the left shoulder and cervical spine. Physical examination of the left shoulder revealed guarded and painful range of motion with positive impingement and adduction sign. Treatment recommendations at that time included an magnetic resonance imaging (MRI) of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state primary criteria for ordering imaging studies includes the emergency 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's physical examination of the left shoulder only revealed guarded and painful range of motion with positive impingement and adduction sign. There is no documentation of a significant change or progression of the patient's symptoms or physical examination findings. There is no evidence of this patient's recent participation in a strengthening program or an exhaustion of conservative treatment. There were no plain films obtained prior to the request for a magnetic resonance imaging (MRI). Based on the clinical information received, the patient does not appear to meet criteria for a magnetic resonance imaging (MRI) of the left shoulder at this time. Therefore, the request is non-certified.