

Case Number:	CM13-0071271		
Date Assigned:	01/08/2014	Date of Injury:	04/10/2010
Decision Date:	06/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 50 year-old female who sustained an injury to her right shoulder on 04/10/10 after she slipped on an oily surface and struck a wall with her shoulder and arm. The patient noted immediate pain. She went home and within a few days, the patient presented for medical treatment. Plain radiographs were negative for fractures. She was referred to physical therapy and was permitted to do light work. MRI of the right shoulder was performed and what appeared to be a neoplasm in the humerus was revealed. The patient was subsequently referred to an orthopedic specialist who diagnosed her with a frozen shoulder with lateral epicondylitis. She was recommended for manipulation under anesthesia, but this was not performed due to risk of fracture. MRI of right shoulder has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Upheld

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

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

Decision rationale: The injured worker underwent surgery in 01/07/13. Physical examination on 11/07/13 revealed no focal neurological deficits. There was no mention that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication of decreased motor strength, increased sensory or reflex deficits. There were no other 'red flags' identified that would warrant the request for repeat MRI. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the right shoulder has not been established.