MAXIMUS Federal Services

Case Number:	CM14-0007627		
Date Assigned:	02/10/2014	Date of Injury:	11/02/2011
Decision Date:	07/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Medicine 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 69 year old male who sustained an injury to his left shoulder on 11/02/11. The mechanism of injury was not documented. The injured worker received injection to the left shoulder which he stated decreased pain; however, he continued to have limited range of motion and pain in his left shoulder increased with movement. He also had experiencing weakness in his left shoulder/arm. Electromyogram/nerve conduction study revealed electrodiagnostic evidence indicative of bilateral carpal tunnel syndrome. The injured worker had liver pathology; therefore he was unable to take any oral medications for his pain. Physical examination of the bilateral shoulders noted tenderness to palpation; range of motion restricted; positive for impingement signs. Due to the worsening pain in the left shoulder, magnetic resonance imaging to determine pathology of the shoulder would be ordered.

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): 207-208.

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 request for magnetic resonance imaging (MRI) of the left shoulder is not medically necessary. He had no motor weakness and no 'catching' during range of motion. The injured worker also had normal neurological examination of the shoulder and absence of any clinically evident/suspicion of a surgical lesion. There were no focal neurological deficits on physical examination. There was no indication that plain x-rays had been obtained prior to the request for more advanced MRI. There was no mention of a surgical intervention being anticipated. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the left shoulder has not been established.