

Case Number:	CM14-0007992		
Date Assigned:	02/12/2014	Date of Injury:	10/03/2011
Decision Date:	07/03/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Internal Medicine and is licensed to practice in California. 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 53 year old male who reported an injury to his left biceps region. The clinical note dated 08/22/13 indicates the injured worker's injury occurred when he was pushing a plastic pipe and injured his left arm, hand and thumb. The injured worker stated the left hand popped with immediate swelling. Upon exam strength deficits are identified throughout the left upper extremity. No ecchymosis, abrasions or inflammation was identified in the shoulder and arm. No lacerations or surgical scars were revealed. An obvious biceps deformity was revealed. The injured worker was able to demonstrate 0-140 degrees of range of motion at the left elbow. The injured worker was also able to demonstrate 60 degrees of pronation and supination. Range of motion deficits were also identified at the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI LEFT BICEPS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for MRI of the left biceps is non-certified. The documentation indicates the injured worker complains of left arm pain associated with range of motion deficits. An MRI of the upper extremities is indicated provided the injured worker meets specific criteria to include completion of conservative treatment. There is an indication the injured worker has undergone some conservative treatment; however, no information was submitted regarding the dates or number of sessions the injured worker has completed. Therefore, this request is not indicated as medically necessary.