

Case Number:	CM14-0106499		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2012
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/09/2014

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 Diagnostic Radiology, has a subspecialty in Neuroradiology 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:

This 56-year-old woman suffered a work related injury on 2/15/2012 by falling backward, hitting the floor, injuring her head, neck, back, hip and left knee. She had a physical examination the same day in an Emergency Department and was reported to have pain in the neck, back, both shoulders and left knee. Clinical diagnosis was made of a sprain and strain of the neck and both shoulders. X-ray of the shoulders showed a fractured left clavicle. Pain medications were prescribed and physical therapy and acupuncture were ordered. On or about 4/01/2012, her clinical examination revealed improving symptoms of the left shoulder via conservative treatment; however, residual tenderness and reduced range of motion remained. MRI study of the left shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: MRI of the Left Shoulder (DOS: 04/01/12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195, 208, 219, Chronic Pain Treatment Guidelines.

Decision rationale: In regard to the request for MRI of the left shoulder on 4/1/2012, a review of this patient's available clinical history and physical examination shows a left shoulder injury on 2/15/2014 which has not yet completely improved. In the meantime, red flag signs (i.e. fracture or dislocation, rotator cuff tear, impingement, labral tear or instability) have been ruled out clinically and by X-ray. According to the guidelines, in this case the MRI study is for planning a surgical procedure and/or to rule out red flag signs. Since the patient is not a surgical candidate, MRI of the left shoulder is not medically necessary at this time.