

Case Number:	CM14-0017731		
Date Assigned:	04/16/2014	Date of Injury:	11/07/2012
Decision Date:	06/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 patient is a 41-year-old female who sustained a slip and fall on November 7, 2012. As a result of the fall she complains of pain in her left knee and leg, low back pain, left shoulder pain, and neck pain associated with headaches. The patient was subsequently treated with 10 chiropractic visits and according to the examination of January 7, 2014, she is doing better and is back to work with modifications. She is able to do more activities of daily living (ADL) and is functioning better. She has had subjective and objective improvement. She can use her arm overhead occasionally with pain and carry up to 10 pounds without difficulty. However, the patient still has some restricted range of active and passive motion of the shoulder a positive Apley test and Roos test and a positive supraspinatus press test. Request is made for an MRI scan of the left shoulder to evaluate for "internal derangement".

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): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252.

Decision rationale: According to the MTUS/ACOEM Guidelines, the primary criteria for ordering imaging studies of the shoulder are as follows: emergence of a red flag; this patient has no red flag issues, physiological evidence of tissue insults or neurovascular dysfunction. In this case, the patient manifests no tissue insults or neurovascular dysfunction, failed to progress in strengthening program and tended to avoid surgery. Additionally, the patient has progressed and has improved to the point that she can now go back to modified work. Therefore, the request for a MRI of the left shoulder is not medically necessary and appropriate.