MAXIMUS Federal Services

Case Number:	CM14-0018613		
Date Assigned:	04/18/2014	Date of Injury:	01/16/2014
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 patient is a represented [redacted] employee who has filed a claim for shoulder pain reportedly associated with industrial injury of January 16, 2014. Thus far, the patient has been treated with the following: Analgesic medications; initial visit to the emergency department, when the patient was apparently diagnosed with proximal humeral fracture; and a sling.In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for MRI imaging of the shoulder, citing non-MTUS ODG Guidelines in conjunction with the MTUS-adopted ACOEM Guidelines. The claims administrator stated that the patient already had a definitive diagnosis of humeral fracture. In an emergency department note dated January 18, 2014, the patient was apparently diagnosed with a comminuted fracture of the proximal humeral head and a dislocation of the left humeral head. The patient was asked to consult orthopedics at that point. In a January 23, 2014 orthopedic note, it was stated that the patient's fracture was likely stable and that she was not necessarily a surgical candidate. The patient stated that she would like to avoid a surgery. The patient is asked to pursue analgesic, icing, physical therapy, and a shoulder MRI while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LEFT SHOLDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, Table 9-6.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is recommended in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. Conversely, routine MRI imaging for evaluation without surgical indications is "not recommended," ACOEM goes on to note. In this case, the patient is not actively considering or contemplating surgery, both the attending provider and patient noted. There was no indication or evidence that the patient was a surgical candidate and/or that the patient would consider surgery was it offered to her. There is no indication that MRI imaging would have altered the treatment plan. The patient already had a clinically-evident, radio graphically-confirmed comminuted humeral fracture which was responsible for the patient's pathology. Shoulder MRI imaging would not influence or alter the treatment plan and is not, consequently, indicated. Therefore, the request is not medically necessary.