

Case Number:	CM14-0125300		
Date Assigned:	08/11/2014	Date of Injury:	06/16/2014
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 is a 24-year-old gentleman who was injured in a work-related accident on 06/16/14. The clinical records provided for review included only one progress report dated 06/26/14 at one week post injury. The progress report noted subjective complaints of pain in the left shoulder secondary to a dislocation that was reduced in the emergency department and that this was the claimant's fourth dislocation since 2009 and second dislocation in the past year. Physical examination showed full sensation to the left upper extremity, the shoulder appeared grossly intact and stated that the claimant never had an MRI scan of shoulder since the time of the initial dislocation. Based on the chronicity of the claimant's complaints and occurrence of an acute dislocation, an MRI was recommended.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 196,208-209.

Decision rationale: Based on the California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the request for a magnetic resonance imaging (MRI) of the shoulder would be medically necessary. The medical records document that the claimant sustained a physiological tissue insult and neurovascular dysfunction given his multiple underlying shoulder dislocations. Assessment of the claimant's bony anatomy, particularly to his glenoid, to assess long term capsular problems or Bankart-related issues would be important. of pertinence. Given the claimant's current clinical presentation, an MRI scan would be supported as medically necessary.