

Case Number:	CM14-0145027		
Date Assigned:	09/12/2014	Date of Injury:	06/19/2014
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Geriatrics and is licensed to practice in New York. 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 49 year old man with a date of injury of 6/19/14. He was seen by his provider on 8/8/14 with neck, left shoulder and right ankle pain. He had a healing comminuted proximal humerus fracture and a right ankle fracture "by report". His exam showed limited and painful cervical range of motion with negative Spurling and painless axial compression testing. His left shoulder was tender and provocative testing was not done due to the fracture. His right ankle revealed tender and limited range of motion and tenderness to palpation over the lateral aspect. His diagnoses were cervical spine degenerative disc disease, radiculopathy and sprain/strain, left humerus comminuted proximal fracture and right ankle fracture. At issue in this review is the request for a left shoulder MRI.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: The request in this injured worker with neck and shoulder pain is for a MRI of the left shoulder. He is status post recent proximal humerus fracture. The records document a physical exam with pain and reduction in range of motion but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and given his recent healing fracture, a MRI of the left shoulder is not medically substantiated at this point in his injury.