MAXIMUS Federal Services

Case Number:	CM14-0171905		
Date Assigned:	10/24/2014	Date of Injury:	03/14/2012
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 injured worker is a 51-year-old female who reported an injury on 03/14/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included elbow/forearm sprain/strain, shoulder and upper arm sprain/strain, and wrist sprain/strain. The previous treatments included medication. Diagnostic testing included an MRI of the left wrist, Electromyography (EMG)/Nerve Conduction Velocity (NCV), and surgery. Within the clinical note dated 09/15/2014, it was reported the patient had a cerebrovascular accident and was hospitalized for a brief period of time. The patient complained of left shoulder/wrist pain with diminished light touch sensation. She complained of significant pain rated 8/10 in severity. Upon physical examination, the provider noted the C spine/left shoulder and diffuse tenderness to palpation extending from the C spine to the left trapezius. There was tenderness to palpation over the superior left trapezius/supraspinatus. The provider requested a left shoulder MRI for significant pain, discomfort, and paresthesias/neuropathy of the left upper extremity. The Request for Authorization was submitted and dated 90/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder without the use of contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for an MRI (magnetic resonance imaging) of the left shoulder without the use of contrast material is not medically necessary. The California MTUS/ACOEM Guidelines note for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation failed to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of red flags; indications of intraabdominal or cardiac problems presenting as shoulder problems; physiological evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery. The clinical documentation submitted failed to indicate the injured worker had failed 4 to 6 weeks of conservative therapy. There is a lack of documentation indicating the injured worker has red flag diagnoses or the intent to undergo surgery. Therefore, the request is not medically necessary.