

Case Number:	CM14-0178354		
Date Assigned:	10/31/2014	Date of Injury:	03/04/2009
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency Medicine 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 patient is a 56-year-old male who was injured on March 4, 2009. The patient continued to experience pain in his right upper extremity. Physical examination was notable for tenderness over the right ulnar nerve, right radial and ulnar joint lines, normal motor strength, and positive Tinel's sign of the right cubital tunnel. Diagnoses included right elbow pain and right ulnar nerve compression. Treatment included medications, and surgery. Request for authorization for MRI of the right shoulder was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 8/27/14), Magnetic resonance imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: Magnetic resonance imaging (MRI) of the shoulder is recommended for patients over 40 with acute shoulder trauma with suspected rotator cuff tear/impingement and

normal plain radiographs and patients with subacute shoulder pain with suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the patient underwent MRI of the right shoulder in January 2013. There is no documentation to support that the patient has had significant changes in his symptoms or physical exam. Medical necessity has not been established. The request is not medically necessary and appropriate.