

Case Number:	CM14-0022488		
Date Assigned:	05/09/2014	Date of Injury:	10/19/2012
Decision Date:	08/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 27-year-old female who was reportedly injured on October 19, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 2, 2014, indicated that there were ongoing complaints of right sided neck pain radiating to the right hand with weakness and numbness. The physical examination demonstrated decreased sensation and all fingers of the right hand. A previous evaluation, dated July 11, 2013, concluded that the injured employee was suffering from double crush syndrome involving the right sided brachial plexus and another involving the ulnar and radial nerves. An ultrasound of the brachial plexus found severe fibrosis of the scalene. There was a diagnosis of right posttraumatic thoracic outlet syndrome. There was a recommendation for Neurological diagnostic testing of the brachial plexus. A request had been made for an magnetic resonance image the right shoulder and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING(MRI) OF THE RIGHT SHOULDER: 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.

Decision rationale: According to the medical record, it is unclear why there is a request for a magnetic resonance image (MRI) of the right shoulder. The most recent medical record dated January 2, 2014, stated concerns for an injury to the brachial plexus as well as potential injury involving one of the radial and ulnar nerves. Regardless, neither diagnosis involved an injury to the shoulder joint itself. Therefore, this request for an MRI of the Right Shoulder without specific justification is not medically necessary.