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| Case Number: | CM14-0025349 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 02/07/2011 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/27/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Minnesota. 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 48 year old male who reported an injury on 02/20/2011 due to accidental trauma. On 03/01/2014 he reported right wrist, elbow, and shoulder pain. A physical examination revealed bilateral absent reflexes in the upper extremities, tenderness and spasms in the paravertebral muscles with myofascial pain, tenderness of the right wrist and restricted range of motion, positive Tinel and Phalen sign, tenderness, spasm and crepitus of the right shoulder, and positive Ross and Apley tests. His diagnoses included wrist, hand, elbow, and right shoulder sprain/strain. The request for authorization form was signed on 03/01/2014. The rationale was not provided.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per ACOEM Guidelines, an MRI of the shoulder is recommended for preoperative evaluation of a partial-thickness or large full thickness rotator cuff tears. They are

not recommended for routine MRI evaluation of shoulder disorders without surgical indications. There was no documentation stating that the injured worker was to undergo surgery. In addition, the rationale for the MRI was not provided. The documentation provided lacks the information needed to warrant the necessity of an MRI. As such, the request is not medically necessary.