

Case Number:	CM14-0029172		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2014
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 37-year-old male injured on January 30, 2014. The mechanism of injury is being hit by a car. The most recent progress note, dated February 5, 2014, indicates that there are ongoing complaints of right ankle, right knee, and right shoulder pain. An initial evaluation from a qualified medical evaluator diagnosed a proximal fibular fracture. The physical examination demonstrated mild swelling and ecchymosis of the right knee with tenderness at the proximal fibula. There was mild tenderness at the anterior aspect of the right shoulder with full range of motion and 5/5 muscle strength. There was a negative Hawkins test, a negative Neer's test, a negative cross arm test, and a negative drop can test. A request had been made for an MRI the right shoulder and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Magnetic Resonance Imaging (MRI) without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: Even though the injured employee was hit by a car, the most recent progress note dated February 5, 2014, has a fairly benign examination of the right shoulder. The shoulder

examination on this date only indicates mild tenderness at the anterior aspect but is otherwise normal. Therefore, it is unclear why there is a request for an MRI the right shoulder. This request for an MRI the right shoulder without dye is not medically necessary.