

Case Number:	CM14-0030512		
Date Assigned:	06/20/2014	Date of Injury:	04/02/2008
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pain Medicine 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 46 year old male who sustained an injury to his left shoulder on 04/02/08 when he fell off a ladder and landed on his right elbow. He continued to complain of bilateral elbow pain with recurrent left elbow symptoms post cortisone injection that provided several months of improvement. Physical examination noted left elbow flexion 120 degrees, extension 0 degrees. The injured worker was diagnosed with left elbow lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) procedure Summary: Indications for imaging- 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 CHAPTER, MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: The request for magnetic resonance imaging (MRI) of the left shoulder is not medically necessary. There was no indication that plain radiographs were obtained prior to

the request for more advanced MRI. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given this, the request for MRI of the left shoulder is not indicated as medically necessary.