

Case Number:	CM14-0036508		
Date Assigned:	06/25/2014	Date of Injury:	12/15/2013
Decision Date:	08/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 66 year old male who sustained an injury to his left shoulder on 12/15/13 when he grabbed on to a vertical grab handle on his way up to a second step, the grab handle broke, hitting him on the left side of the forehead and causing him to fall to the ground on the left side of his body. Plain radiographs revealed no fracture. He presented to the emergency room where medication was prescribed and he was placed off work for two days followed by modified duty. Physical examination noted no tenderness around the shoulder; impingement and Hawkin's signs were positive left; Yergason's sign positive left.

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

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 image of the left shoulder is not medically necessary. There was no documentation of conservative treatment for the injured

worker. There was no mention of a new acute injury or exacerbation of previous symptoms. There was no physical examination findings of decreased motor strength, increased reflex, or sensory deficits in the left shoulder; there were no additional significant 'red flags' identified. Given this, the request is not indicated as medically necessary.