

Case Number:	CM14-0037083		
Date Assigned:	06/25/2014	Date of Injury:	05/24/2007
Decision Date:	08/11/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and 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 38 year old female who reported an injury to her left shoulder. No information was submitted regarding the initial injury. The clinical note dated 03/03/14 indicates the injured worker being able to demonstrate 150 degrees of left shoulder flexion with 70 degrees of external rotation. The injured worker reported pain with all ranges. Pain was elicited with stressing of the rotator cuff. A palpable popping was identified with range of motion as well. The injured worker was recommended for an magnetic resonance image (MRI) arthrogram of the left shoulder at that time. The utilization review dated 03/07/14 resulted in a denial for a left shoulder MRI arthrogram as no information had been submitted confirming the injured worker's persistent complaints. Additionally, no recommendation had been submitted regarding the injured worker's previous completion of any conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MR Arthrogram: 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) Shoulder Chapter, MR Arthrogram Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, MR arthrogram.

Decision rationale: The documentation indicates the patient complaining of left shoulder pain. There is an indication the injured worker showing some minimal range of motion deficits as well. A magnetic resonance imaging arthrogram is indicated for injured worker who have demonstrated persistent functional deficits at the affected shoulder following a full course of conservative treatments. No information was submitted regarding the injured worker's significant functional deficits at the left shoulder. Additionally, no information was submitted regarding the injured worker's recent completion of any conservative therapies. Given this, the request is not indicated as medically necessary.