

Case Number:	CM14-0039321		
Date Assigned:	06/30/2014	Date of Injury:	02/04/2014
Decision Date:	08/20/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 54 year-old male. The patient's date of injury is 2/4/2014. The mechanism of injury is described as the patient tightening bolts for an oil line stand that we was hanging on with his left arm. The patient has been diagnosed with rotator cuff strain. The patient's treatments have included imaging studies, imaging studies (X-ray), and medications. The physical exam findings, dated 3/6/2014 show a shoulder exam with a restricted range of motion, negative impingement sign and tenderness to palpation anteriorly. The patient's medications are listed as, but not limited to, Naproxen and Tramadol. The request is for MRI without Contrast: Left Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2011, Shoulder - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI without Contrast: Left Shoulder. According to the clinical documents, the patient does not meet criteria for a shoulder MRI including, but not limited to, red flag symptoms, neurological dysfunction, failure to progress a strengthening program intended to avoid surgery or clarification of the anatomy prior to a surgical procedure. According to the clinical documentation provided and current MTUS guidelines; MRI without Contrast for Left Shoulder is not medically necessary and appropriate.