

Case Number:	CM14-0065772		
Date Assigned:	07/11/2014	Date of Injury:	01/15/2014
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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 records presented for review indicate that this 27-year-old male was reportedly injured on January 15, 2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 27, 2014, indicates that there are ongoing complaints of neck pain and low back pain as well as right shoulder pain. The physical examination demonstrated diffuse tenderness throughout the lower back. There was pain with range of motion of both the cervical and lumbar spine. The physical examination of the right shoulder noted anterior tenderness and full range of motion. Muscle strength of the right shoulder was 5/5 and there was a positive impingement test. Other special tests of the shoulder were normal. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies of the cervical spine were normal, x-rays of the lumbar spine showed disk space narrowing at L4-L5. Previous treatment includes physical therapy and Toradol injections. A request had been made for an MRI of the right shoulder and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: 2008; Shoulder Complaints, pg 561-563.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine the criteria for imaging studies of the shoulder include the emergence of red flag problems, evidence of tissue or neurovascular dysfunction, failure to progress in a strengthening program, clarification of anatomy, when surgery is considered, or to evaluate the possibility of serious pathology. According to the attached medical record the injured employee fits none of these criteria. The progress note dated March 27, 2014, shows a right shoulder with full strength and full range of motion. Considering this, this request for an MRI of the right shoulder is not medically necessary.