

Case Number:	CM14-0073241		
Date Assigned:	07/16/2014	Date of Injury:	08/26/2001
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 32-year-old individual was reportedly injured on August 26, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 23, 2014, indicated that there were ongoing complaints of "stabbing pain," and there did not appear to be any response to the intervention. The physical examination was handwritten and illegible. Diagnostic imaging studies were not reported. Previous treatment included previous MRI, multiple medications, and surgical intervention. A request had been made for MRI of the upper extremity and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right Shoulder MRI with Intramuscular Gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd Ed (2011) - pp. 67, Vol 3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The records reflect that a previous MRI had been completed. Surgical intervention had been completed, and the recent progress notes were handwritten and illegible,

and no appropriate clinical information could be discerned from this presentation. Therefore, when noting the parameters outlined in the ACOEM guidelines and by the complete lack of any clinical information secondary to the illegible handwriting, there is no medical necessity established for this request.