

Case Number:	CM14-0085073		
Date Assigned:	07/23/2014	Date of Injury:	04/01/2011
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 is/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 37-year-old gentleman was reportedly injured on April 1, 2011. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated April 23, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles, and rhomboids, trapezius, and suboccipital muscles as well as the left supraspinatus. There was limited range of motion of both the cervical and lumbar spine. There was a negative Tinel's and Phalen's test at the wrists bilaterally and decreased sensation along the left arm. There was decreased left shoulder and right hip range of motion. There was a positive straight leg raise test at 45. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for an MRI of the left shoulder and was not certified in the pre-authorization process on May 29, 2014.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI, Updated August 27, 2014

Decision rationale: According to the Official Disability Guidelines an MRI the shoulder should only be ordered for acute shoulder trauma with suspicion of a rotator cuff tear or subacute shoulder pain with suspect instability or labral tear. The attach medical record indicates that the shoulder pain was of insidious onset without any acute trauma, nor is there stated to be any suspicion of instability or labral tear. Furthermore there is no documentation of failure of prior treatment to include physical therapy. As such, this request for an MRI of the left shoulder is not medically necessary.