MAXIMUS Federal Services

Case Number:	CM14-0095668		
Date Assigned:	07/25/2014	Date of Injury:	09/10/2013
Decision Date:	10/14/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 39-year-old gentleman was reportedly injured on September 10, 2013. The mechanism of injury was noted as a fall off a bicycle. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of low back pain, headaches, right shoulder pain, and neck pain. The physical examination demonstrated tenderness and spasms along the cervical spine from C2 through C7, along the thoracic spine from T1 through T8 and along the lumbar spine from L1 through L5. Diagnostic imaging studies of the left shoulder, dated December 19, 2013, revealed a partial thickness tearing of the supraspinatus and infraspinatus, proximal biceps tendinosis, and mild displacement of the humeral head. An MRI of the right shoulder had similar findings in addition to acromioclavicular joint hypertrophy. Previous treatment included cervical spine epidural steroid injections, physiotherapy, chiropractic treatment, the use of a cervical pillow, a TENS unit, hot/cold therapy, and oral medications. A request had been made for an MRI of the left and right shoulder and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (updated 04/25/14), Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: A review of the attached medical record indicates that the injured employee has had a recent MRI of both the left and right shoulder performed on December 19, 2013. Subsequent physical examinations do not indicate significant pathology that would warrant a repeat study. Considering this, it is unclear why additional studies are recommended. As such, this request for an MRI of the left shoulder is not medically necessary.

MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (updated 04/25/14), Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: A review of the attached medical record indicates that the injured employee has had a recent MRI of both the left and right shoulder performed on December 19, 2013. Subsequent physical examinations do not indicate significant pathology that would warrant a repeat study. Considering this, it is unclear why additional studies are recommended. As such, this request for an MRI of the right shoulder is not medically necessary.