

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0202438 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 04/13/2010 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Practice 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 74 year-old male. The patient's date of injury is 4/13/2010. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with right humerus fracture s/p ORIF, Right shoulder pain and Right Upper arm chronic pain. The patient's treatments have included EMG/NCS, imaging studies, modified work duty, and medications. The physical exam findings dated August 20, 2014 state the right shoulder is limited in range of motion, with significant weakness of the right shoulder girdle region. The right arm shows a well-healed incision over the lateral aspect. Exam of the right elbow shows a positive tinel's sign. The patient's medications have included, but are not limited to, Tylenol. The request is for an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of right Shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 9 - Shoulder Complaints, Special Studies 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: right shoulder. MTUS guidelines state the following: Indicated for, 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: right shoulder is indicated as a medical necessity to the patient at this time, as the patient has failed to progress, and there is a need for clarification of the anatomy of the shoulder.