

Case Number:	CM14-0206766		
Date Assigned:	12/18/2014	Date of Injury:	09/25/2013
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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 California. 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:

54 yr. old male claimant sustained a roll over injury on 9/25/13 involving the neck and left forearm. He had abrasions to his left elbow that required skin grafting. He had glass located in his left ring finger and forearm for which it had to be removed surgically. An Electrodiagnostic study in December 2013 showed moderate median sensory nerve entrapment in both wrists. An MRI of her right shoulder in March 2014 showed a partial tear of the supraspinatus tendon and arthritis in the glenohumeral joint. He had previously undergone physical therapy and pain management. There was evidence of cervical radiculopathy. Progress note on October 9, 2014 indicated the claimant had 8-10/10 pain in the shoulders. The left elbow has 9/10 pain. Flexion and extension of the left elbow aggravated the pain. Physical exam of the left elbow was notable for tenderness in the olecranon and radial head location. The left shoulder was tender in the acromioclavicular region. Range of motion was restricted in both shoulders. There were impingement findings in both shoulders. The physician requested an MRI of the left elbow as well as the both shoulders and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the left shoulder is not medically necessary.