

Case Number:	CM15-0001609		
Date Assigned:	01/09/2015	Date of Injury:	10/28/2011
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 injured worker is a 49 year old male who sustained an industrial injury on 10/28/2011. He has reported injury to the cervical and lumbar spine and bilateral shoulders and elbows. The diagnoses have included tenosynovitis of the hand and wrist, lateral epicondylitis of the elbow, mononeuritis of the upper limb, sprain/stain of the upper arm and unspecified arthropathy. Treatment to date has included medication management, physical therapy and shockwave therapy. The mechanism of injury and all prior treatment modalities were not included for review. Currently, the IW complains of pain in the shoulders, elbows, neck and upper and lower back. Treatment plan included right shoulder magnetic resonance imaging. On 12/12/2014, Utilization Review non-certified a magnetic resonance imaging, noting the lack of functional deficits, new injury or specific complaints of the right shoulder, The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/18/2014, the injured worker submitted an application for IMR for review of a right shoulder magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations. Page(s): Pages 207-209..

Decision rationale: California MTUS guidelines do state; for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. The prior utilization review physician correctly noted that no recent physical exam findings were provided. The 12/3/2014 office note from [REDACTED] only lists the patient's vital signs under objective findings. No physical exam findings are recorded. Under subjective complaints he wrote, "[REDACTED] complains of pain in his shoulders. The patient notes that this pain is the same." The documentation that is provided simply does not support the medical necessity of this MRI request.