

Case Number:	CM15-0008242		
Date Assigned:	01/26/2015	Date of Injury:	09/26/2014
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29-year-old male who reported an injury on 09/26/2014. The mechanism of injury involved a fall. The current diagnoses include left shoulder pain, left wrist pain, and low back pain without radiation. The injured worker presented on 10/07/2014 with complaints of 9/10 left shoulder, left wrist, and low back pain. Upon examination of the left shoulder, there was tenderness to palpation, 50 degrees internal rotation, 30 degrees external rotation, 90 degrees abduction, and AC joint tenderness. Recommendations included continuation of work restrictions and a referral to physical therapy.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The injured worker is currently pending a course of physical therapy for the left shoulder. There is no documentation of a previous attempt at any conservative treatment for the left shoulder prior to the request for an imaging study. Given the above, the request is not medically appropriate at this time.