

Case Number:	CM15-0009252		
Date Assigned:	01/27/2015	Date of Injury:	08/22/2014
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/15/2015

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 44-year old female, who sustained an industrial injury on August 22, 2014. She has reported the bursting of a hot water pipe with boiling water splashing on her arms and legs. The diagnoses have included partial thickness burns to bilateral thighs and arms. Treatment to date has included pain medications, custom compression garments to lower extremities, tubigrips on arms, aquatic therapy, skin grafts to arms and legs, wound care and routine follow-ups. Currently, the IW complains of pain in her legs at the end of the work day along with a heavy feeling, right elbow, shoulder and right knee tender to palpation. All leg, thigh wounds healed with areas of hyper-pigmented and thickened skin at the skin graft sites. On December 24, 2014, the Utilization Review decision non-certified a request for a magnetic resonance imaging of the right shoulder, noting the documentation did not reflect any neurological deficits or failure of progression in a rehabilitation program, therefore the documentation did not support medical necessity. The ACOEM Guidelines were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of a magnetic resonance imaging of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations. Page(s): 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. In the absence of red flags, MTUS guidelines also recommend failure to progress in a rehabilitation program before proceeding with advanced imaging studies. There is not any documentation of failure to progress in a rehabilitation program or of other conservative therapy measures. There is also not any documentation of plain films being performed for further evaluation of this injury. Therefore, this request for an outpatient MRI of the right shoulder is not medically necessary.