

Case Number:	CM15-0145535		
Date Assigned:	08/06/2015	Date of Injury:	06/04/2015
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 41 year old female who reported an industrial injury 6-4-2015. Mechanism of injury appears to be due to repetitive use at work; no history of trauma or any other injury is noted. Her diagnoses, and or impression, were noted to include: cervical, thoracic and lumbar spine sprain-strain; and bilateral shoulder sprain-strain. No current imaging studies were noted. Her treatments were noted to include: consultations; diagnostic studies; and modified work duties. The progress notes of 6-9-2015 were hand written and difficult to read, but noted to report right elbow, wrist and hand pain; decreased right ankle-foot pain; (illegible); stress, anxiety, depression and insomnia. Objective findings appear to note slight tenderness over left and right elbows. The physician's requests for treatments were noted to include magnetic resonance imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to ACOEM guidelines, the indication for MRI imaging of the shoulder including "emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure". The current request was made at the first clinic visit following the reported date of injury. There is no evidence of red flags, and there is no report of trauma that would necessitate clarification of anatomy or considering surgery. Based on the lack of supporting evidence, no reported red flags and not meeting the above cited criteria, the request for shoulder MRI is not medically necessary at this point.

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to ACOEM guidelines, the indication for MRI imaging of the shoulder including "emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure". The current request was made at the first clinic visit following the reported date of injury. There is no evidence of red flags, and there is no report of trauma that would necessitate clarification of anatomy or considering surgery. Based on the lack of supporting evidence, no reported red flags and not meeting the above cited criteria, the request for shoulder MRI is not medically necessary at this point.