

Case Number:	CM13-0035689		
Date Assigned:	12/13/2013	Date of Injury:	05/22/2013
Decision Date:	02/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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 physician 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:

The patient is 48 years old and was injured on 5/22/13, when he fell onto his left side, onto his outstretched left hand, with resultant low back pain and left shoulder pain. The request is for MRI of the low back and MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-304.

Decision rationale: On 9/10/13, the physiatrist notes pain 3/10 to 4/10. Low back examination reveals normal strength in lower extremities, reflexes and nerve tension testing. The patient was able to walk on heels and toes. Physical therapy was ordered on 8/6/13 when he was making more than expected progress with conservative care. On 12/10/13, the physiatrist notes that he is feeling a little bit better, pain 2/10 to 3/10. He was released to full duty as of that date. MRI is not indicated for this patient, who never reached criteria for MRI, as he only had mechanical region back pain. He went on to return to full duty status after a course of physical therapy. Therefore, the MRI of the low back is not medically necessary or appropriate.

MRI left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-208.

Decision rationale: On 9/10/13, the physiatrist notes pain 3/10 to 4/10. Shoulder exam revealed tenderness over the right acromioclavicular (AC) joint area. He was given restrictions with lifting repetitive work above the shoulder, with the left hand. He has paresthesias and pain in the left wrist. Physical therapy was ordered on 8/6/13 when he was making more than expected progress with conservative care. On 12/10/13, the physiatrist notes that he is feeling a little bit better, pain 2/10 to 3/10, and abduction 100-110°. He was released to full duty as of that date. He never met primary criteria for ordering imaging studies. Therefore, the MRI of the left shoulder is not medically necessary or appropriate.