

Case Number:	CM14-0125215		
Date Assigned:	09/16/2014	Date of Injury:	01/02/2013
Decision Date:	10/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 injured worker is a 29 year old man with a date of injury of 1/2/13. He is status post left shoulder MRI in 3/13 after shoulder surgery. He was seen by his primary treating physician on 6/19/14, however, the handwritten note is difficult to read. He was noted to have a 4x4 cm raised hematoma or lipoma on the left arm "M/3" with strain of left biceps. An MRI was requested to determine occult pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Forearm, Wrist and Hand, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with a lipoma or hematoma noted on exam is for a MRI of the left arm. The records document a limited physical exam but no red flags or indications for immediate referral or imaging. There was no physical exam or historical evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic

compromise. There is no detail with regards to the history of this lesion or how it developed. Other radiographic studies were not documented as being done first such as ultrasound or x-ray. The medical records do not justify the medical necessity for a left arm MRI. Therefore, the request is not medically necessary.