

Case Number:	CM14-0028175		
Date Assigned:	06/25/2014	Date of Injury:	11/27/2012
Decision Date:	09/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine and is licensed to practice in Ohio. 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 fell off a ladder on November 27, 2012 landing on his head and right arm. He was so subsequently discovered to have an ulnar fracture in the region of the right wrist, thoracic sprain/strain, cervical sprain/strain, and lumbar sprain/strain. He continued to complain of right wrist pain and numbness. He had nerve conduction velocity and electromyographic studies of the upper extremities on December 28 of 2013. This revealed evidence of mild carpal tunnel syndrome on the right side. There is one the notation which relates to a physical exam of the shoulder, that being from orthopedics on December 18, 2013. That exam, however, was for the right shoulder and documents a normal exam. Portions of the notes from the treating physician are illegible especially concerning the subjective and objective portions of the exam notes, however, there seems to be no documentation regarding pain or physical exam pertaining to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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

Decision rationale: The records available for review pertain only to the injured worker's neck, right forearm and wrist, and right shoulder. The service requested is for that of an MRI of the left shoulder. Per the above guidelines, an MRI scan may be indicated for a shoulder if a rotator cuff tear, recurrent dislocation, tumor, or infection of the shoulder joint is suspected. From the records reviewed, there is no evidence to suggest that any of those potential issues may exist in the left shoulder. Therefore, an MRI scan of left shoulder is not medically necessary.