

Case Number:	CM14-0095678		
Date Assigned:	07/25/2014	Date of Injury:	09/25/2012
Decision Date:	10/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 38 year old gentleman was reportedly injured on September 25, 2012 to the left shoulder. The mechanism of injury is noted as a fall with outstretched left hand while pushing garbage bins with wheels. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of right shoulder and wrist pain, low back pain, and reduced libido. Current medications include Effexor, Naproxen, Tizanidine, Tramadol 50 milligrams, Tramadol extended release (ER) 150 milligrams, and Ultram extended release (ER) 200 milligrams. The physical examination was stated to remain unchanged. A previous left shoulder examination dated February 3, 2014, indicated decreased range of motion in all planes with abduction limited to 100 degrees and forward flexion to 110 degrees. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left shoulder surgery, right wrist surgery, physical therapy, and oral medications. A request was made for a left shoulder MRI and was not certified in the preauthorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines a repeat MRI of the shoulder is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The injured employee has a history of prior left shoulder surgery, and is currently reported to have decreased left shoulder range of motion. There are no signs or symptoms suggestive of significant pathology. As such, this request for a left shoulder MRI was not medically necessary.