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| Case Number: | CM14-0211719 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 03/14/2014 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported an injury on 03/14/2014 due to a crushing injury to his right hand and shoulder. His diagnoses were right shoulder derangement, status post right index and middle finger amputation and replantation. Prior treatments included physical therapy. The clinical note dated 10/29/2014 noted the injured worker complains of constant pain to the right shoulder and hand. Physical exam findings included right shoulder crepitus. Manual testing revealed 4/5 strength with flexion, extension, abduction, and adduction with internal rotation and external rotation. Range of motion was within normal limits. The provider recommended MR arthrogram of the right shoulder. Rationale provided. The Request for Authorization form was dated 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196,207-209.

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

Decision rationale: The request for an MR Arthogram of the right shoulder is medically necessary. The California MTUS Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 6 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided red flag conditions are ruled out. The included medical documentation show that the patient has been initially unresponsive to conservative treatments to include physical therapy and medications, and continued with complaints of pain. There was evidence of 4/5 weakness upon examination. As such, medical necessity has been established.