

Case Number:	CM14-0217950		
Date Assigned:	01/07/2015	Date of Injury:	10/28/2011
Decision Date:	03/09/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/30/2014

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43 year old with a date of injury as 10/28/2011. The cause of the injury was not included in the documentation received. The current diagnoses included contusion of upper arm. Additional diagnoses listed included supraspinous, superior glenoid, and neck sprain/strains, as well as contusion of the hand. Previous treatments include topical compound, oral anti-inflammatory, and EMS-Transcutaneous Electrical Nerve Stimulation (TENS) home unit. Primary treating physicians' reports from multiple dates of service, laboratory evaluations, and additional documentation were included in the documentation submitted for review. Evaluation report dated 8/18/2014 noted that the injured worker presented with complaints that included left arm pain from shoulder to hand with numbness. There was no documentation of bruising, swelling, atrophy or lesion found. Physical examination documented decreased adduction, external rotation, flexion and internal rotation. There was tenderness with palpation to the left shoulder and left elbow. The plan of care included topical compound medication, oral anti-inflammatory, psychological consultation and subacromial injection to the left shoulder. The injured worker was put on modified work restrictions. The utilization review performed on 11/26/2014 non-certified a prescription for an initial right shoulder Magnetic Resonance Imaging (MRI) based on insufficient documentation in the physical exam. The reviewer referenced the ACOEM Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.