

Case Number:	CM14-0050340		
Date Assigned:	06/25/2014	Date of Injury:	11/02/2012
Decision Date:	03/17/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 35 year old male who sustained an industrial injury on 11/02/2012. The injured worker complains of headaches radiating to his back, skull and shoulders, and wrist pain. Diagnoses include rule out internal derangement of the left wrist, right lateral epicondylitis, rule out radial tunnel syndrome, and left shoulder impingement. The physician progress note dated 01/24/2014 documents the injured worker continues to complain of headaches which radiate to the back, skull, shoulders, and medication helps with the pain. Pain is present in the left wrist and she complains of loss of sleep due to pain. There is no documented examination of the shoulder present. Treatment to date has included Transcutaneous Electrical Nerve Stimulation unit, and medications. The treating physician is requesting a Magnetic Resonance Imaging of the left shoulder. On 03/11/2014 the Utilization Review non-certified the request for a Magnetic Resonance Imaging of the left shoulder citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM), and Official Disability Guidelines.

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 Page(s): 561-563. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) (updated 01/20/14) Magnetic resonance Imaging (MRI)

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

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore MRI of the left shoulder is not medically necessary.