

Case Number:	CM15-0038245		
Date Assigned:	03/06/2015	Date of Injury:	10/28/2014
Decision Date:	05/18/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/01/2015

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, Alabama, 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 44 year old male, who sustained an industrial injury on 10/28/2014, after a lawnmower rollover. The diagnoses have included comminuted left scapula fracture and other postprocedural status. Treatment to date has included conservative measures. Currently, the injured worker reported his left shoulder as getting better, and motion improving slowly. He still had significant weakness and lost muscle over his shoulder. Physical exam of the left shoulder noted atrophy over the shoulder girdle. Strength was 4/5 fort abduction and flexion. Sensation was intact. Medications included Anaprox and Ultram. Treatment plan was noted to include magnetic resonance imaging of the left shoulder. Computerized tomography of the left shoulder, dated 12/11/2014, noted acute or subacute appearing comminuted displaced fracture involving the body of the left scapula, extending into the medial aspect of the spine of the left scapula. The inferior lateral major fracture fragment of the body of the scapula was displaced laterally, contacting the medial cortex of the proximal left humeral metaphysis. On 2/20/2015, Utilization Review issued a decision regarding the requested treatment.

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): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209; 214.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff tear, impingement syndrome, tumors and infections. There is no documentation file of any of the above pathologies in this case. Therefore, the request for MRI Left Shoulder is not medically necessary.