

Case Number:	CM15-0064081		
Date Assigned:	04/10/2015	Date of Injury:	04/04/2014
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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: California
 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 32-year-old male who sustained an industrial injury on 4/4/14 from a slip and fall injuring his mid back and left arm. He had immediate onset of pain in the mid-back and entire left arm from the shoulder to the fingertips. He had x-rays, taken off work and physical therapy for two weeks. He was referred to another provider by his attorney and received further physical therapy, x-rays, MRI study. He received a splint for the left wrist and oral and topical pain medications. The injured worker did have a prior injury in 2012 affecting his right ring finger. He currently complains of left shoulder and left elbow pain with a pain intensity of 8/10 with painful and limited range of motion. His left wrist pain intensity is 7/10 and he wears a volar splint both day and night. His left hand has constant numbness. The mid and low back pain has a pain intensity of 8/10. In addition, he complains of right finger pain. His activities of daily living regarding self-care and driving are not limited. He avoids moving or lifting heavy items. His medications are not identified. Diagnoses include thoracic, low back, left shoulder, left elbow, left forearm and wrist pain without neurological or mechanical deficits; left hand weakness without neurological or mechanical deficit; healed right ring finger, mallet finger deformity, at the distal interphalangeal joint without residual neurological or mechanical deficit. Physical therapy was requested but there is no documentation that it was received. The progress notes available for review do not indicate the Utilization Reviews request for MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2012; Official Disability Guidelines, Shoulder MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The MRI left shoulder without contrast is not medically necessary and appropriate.