

Case Number:	CM13-0042226		
Date Assigned:	12/27/2013	Date of Injury:	09/02/2011
Decision Date:	10/22/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 years old female with an injury date on 09/02/2011. Based on the 09/23/2013 progress report provided by the treating physician, the diagnoses are Left shoulder contusion and Left shoulder tenosynovitis. According to this report, the patient complains of worsen neck and left shoulder pain. Moderate pain, stiffness, and weakness are noted at the left shoulder. "R.C. muscles are a 4/5." There were no other significant findings noted on this report. The treating physician is the requesting provider, and he provided treatment reports from 02/21/2013 to 09/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the left shoulder: Overturned

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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter; Magnetic resonance imaging (MRI).

Decision rationale: According to the 09/23/2013 report by the treating physician this patient presents with worsen neck and left shoulder pain. The treating physician is requesting a repeat MRI of the left shoulder to "discuss the option for possible surgery bases on the MRI findings." Patient has increasing pain, increasing fibrous ankylosis and decreases strength." Regarding MRI, the ODG guidelines state "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Review of the reports show that the patient's left shoulder pain has worsened and decreased strength is noted. In this case the requested repeat MRI appears medically necessary.