

Case Number:	CM13-0064783		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2003
Decision Date:	05/16/2014	UR Denial Date:	12/08/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 IMR application shows the date of injury as 12/13/2003, and the patient disputes the 12/8/13 UR decision on a left shoulder MRI. According to the 1/8/13 UR letter from [REDACTED], the patient is a 47 year-old fire captain for the [REDACTED] that injured his upper back, both shoulders and neck on 12/13/03. The patient underwent cervical and right shoulder surgeries, and developed compensatory left shoulder pain. On 11/14/13, [REDACTED] notes left shoulder tenderness at the AC joint and acromion, with 10-20 degrees decreased flexion and abduction and internal/external rotation. The diagnoses are left shoulder sprain, with possible rotator cuff tear. He requested the left shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER, WITHOUT CONTRAST QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The patient presents with neck and bilateral shoulder pain. He underwent cervical and right shoulder surgeries, and the left shoulder symptoms were reported as compensatory in nature. The symptoms have persisted and the physician requested the MRI to evaluate for possible rotator cuff tear. MTUS/ACOEM states: "For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist deconditioning. Imaging findings can be correlated with physical findings." The left shoulder symptoms are long-standing and the request is medically necessary.