

Case Number:	CM14-0101149		
Date Assigned:	07/30/2014	Date of Injury:	03/16/2012
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 39 year-old female with the date of injury of 03/16/2012. The patient presents with pain in her left shoulder. The range of her left shoulder motion is limited and there is tenderness at the AC (acromioclavicular) joint and the medical border of the scapular region. According to [REDACTED] report on 05/16/2014, diagnostic impressions are: S/P (status post) left shoulder arthroscopy with subacromial decompression on 06/28/2012; S/P left shoulder rotator cuff tear on 08/29/2013; S/P SLP lesion repair left shoulder on 08/29/2013; S/P open biceps tenodesis left shoulder on 08/29/2013; S/P left excision distal clavicle on 06/28/2012; Lumbar strain rule out radiculopathy; Sciatica; Depression; Sexual dysfunction; S/P manipulation under anesthesia on 03/10/2013; Cervical disc disease and Cervical sprain. [REDACTED] requested an MRI of her left shoulder. The utilization review determination being challenged is dated on 06/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/19/2012 to 07/11/2014.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain in her left shoulder and the patient has had a number of shoulder surgeries with most recent one on 8/29/13. The treater indicates that the patient has slight edema and redness on surrounding joint but no oozing. The request is for an updated MRI of the left shoulder. Review of the reports does not indicate that the patient had a recent MRI of her left shoulder following the last surgery. The treater does not explain why another MRI is being requested other than for the patient's persistent pain. ACOEM guidelines refer to acute/subacute condition and ODG guidelines do not support it unless there is a suspicion for internal derangement. This patient does not present with any progressive neurologic deficits and no weakness other than from pain. The patient has had multiple surgeries and the treater does not explain what more is to be accomplished with another MRI. Recommendation is for denial.