

Case Number:	CM14-0074175		
Date Assigned:	07/16/2014	Date of Injury:	03/28/2012
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records, presented for review, indicate that this 43-year-old gentleman was reportedly injured on March 28, 2012. The mechanism of injury was noted as being knocked off a pallet jack by a forklift. The most recent progress note, dated April 16, 2014, indicated that there were ongoing complaints of left shoulder pain as well as low back pain radiating down the left lower extremity. The physical examination demonstrated decreased left shoulder range of motion and strength. Diagnostic imaging studies of the shoulder prior to surgery indicated supraspinatus tendinosis and subcoracoid bursitis. Previous treatment included physical therapy, a left shoulder cortisone injection, pain management, and a left shoulder arthroscopy with a subacromial decompression. A request had been made for an MRI of the left shoulder with contrast and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) scan of the left shoulder with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/25/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, a repeat MRI of the shoulder is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The progress note, dated April 16, 2014, indicated a physical examination with decreased range of motion and strength. A previous postoperative visit, dated March 5, 2014, revealed near full range of motion and strength of the left shoulder. Considering this, the request for an MRI of the left shoulder with contrast is not medically necessary.