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| Case Number: | CM14-0203257 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 06/24/2014 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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. 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, Hawaii
 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:

This 54-year-old male sustained a work related injury on 06/24/2014. According to a progress report dated 11/03/2014, the injured worker was having ongoing left shoulder/arm pain causing loss of strength and loss of sleep. Diagnoses were documented as Cervical/CADS injury, Cericothoracic Subluxation and Cervical Myospasm. The provider requested referrals for left shoulder MRI, ortho spine consultation, left shoulder consult and treatment with primary treating physician 12 sessions. On 11/25/2014, MRI of the shoulder demonstrated supraspinatus and infraspinatus tendinosis, acromioclavicular osteoarthritis and no other significant findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC, Shoulder MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines Used: ODG, Shoulder, Magnetic Resonance Imaging.

Decision rationale: The patient present with pain affecting the left shoulder and upper extremity, the current request is for Left Shoulder MRI. The requesting treating physician report dated 11/03/14 (44B) did not provide a rationale for the current request. The report goes on to state, the patient is having ongoing left shoulder/arm pain causing loss of strength and loss of sleep. The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding MRIs of the shoulder: Recommended as indicated below. Indications for imaging - Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs - Subacute shoulder pain, suspect instability/labral tear - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Medical reports provided, do not show that the patient has received a previous MRI of the left shoulder. An X-ray taken on 6/27/14 showed no acute fracture or malalignment appreciated in the left shoulder. A report dated 6/27/14 notes that the patient was struck in the left shoulder with heavy steel cables and then fell to the ground, injuring his left shoulder. In this case, the patient presents with chronic shoulder pain due to shoulder trauma that occurred during the patient's original industrial injury. Furthermore, the X-ray documented in the medical reports provided was normal and showed no fracture or malalignment in the left shoulder. The current request satisfies the ODG guidelines as outlined in the Shoulder chapter. Recommendation is for authorization.