

Case Number:	CM14-0207704		
Date Assigned:	12/19/2014	Date of Injury:	02/08/2014
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine 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 claimant is a 36 yo male who sustained an industrial injury on 02/08/2014. The mechanism of injury was not provided for review. His diagnoses include neck pain, spondylosis without myelopathy, cervical degenerative disc disease, cervical radiculopathy, shoulder impingement syndrome, and shoulder joint pain. He complains of left more than right shoulder pain, some mild neck pain, anxiety and stress. On physical exam there is cervical muscle spasm, facet, and paracervical tenderness. Bilateral triceps and biceps reflexes are 2/4. Shoulder abduction and Neer test are positive on the left, mild limited range of motion in the neck, shoulder flexion and abduction are 90 degrees. Treatment has consisted of medical therapy, steroid injections and a home exercise program. The treating provider has requested an MRI of the left shoulder.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

Decision rationale: There is no documentation provided necessitating the requested magnetic resonance imaging (MRI) of the left shoulder. Per Official Disability Guidelines (ODG) guidelines repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per the documentation the claimant has not had any significant change in symptoms or pathology since the prior MRI. Medical necessity for the requested MRI study has not been established. The requested service is not medically necessary.