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| Case Number: | CM15-0000390 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 01/15/2013 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 injured worker is a 65 year old female, who sustained an industrial injury on 1/15/2013. She has reported persistent left shoulder pain with occasional weakness that is aggravated by leaning on the shoulder with tingling down the left arm down to the hand. The diagnosis was left shoulder sprain/strain with possible SLAP tear lesion. Treatment to date has included medications, physical therapy. Currently, the Injured Worker complains of moderate pain that was frequent, sharp numbness weakness, aching and soreness at level 6/10. The treating provider reported tenderness over the left shoulder with decreased sensation with a positive impingement test and reduced range of motion. On 1/2/2015 Utilization Review non-certified a MAGNETIC RESONANCE IMAGING of the left shoulder as an outpatient, noting the MTUS Shoulder Complaints ACOEM Chapter 9.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The records report the diagnosis was left shoulder sprain/strain with possible SLAP tear lesion. Treatment to date has included medications, physical therapy. Currently, the IW complains of moderate pain that was frequent, sharp numbness weakness, aching and soreness at level 6/10. The treating provider reported tenderness over the left shoulder with decreased sensation with a positive impingement test and reduced range of motion. ODG guidelines support imaging in the presence of neurologic findings and demonstrated impingement despite at least 1 month of PT and conservative care. As the medical records support the insured as failed at least 4 weeks of PT and conservative care with persistent deficits, the MRI of the shoulder is supported.