

Case Number:	CM15-0004433		
Date Assigned:	01/15/2015	Date of Injury:	09/23/2011
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

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:

The injured worker is a 43 year old female, who sustained an industrial injury on September 23, 2001. She has reported low back, neck, and left shoulder injury. The diagnoses have included sprain/strain of thoracic region, lumbago, thoracic/lumbar neuritis/radiculopathy, and shoulder sprain/strain. Treatment to date has included physical therapy, medications, modified work duty, chiropractic care, massage, a gym membership, and radiological imaging. Currently, the IW complains of neck, low back, and left shoulder pain. On December 15, 2014, physical findings are noted to be for the cervical spine as slight tenderness of the paracervical muscles, tightness and tenderness, tenderness in the interscapular area, range of motion with forward flexion 30 degrees, extension 30 degrees, rotation 40/60. Findings for the left shoulder are tenderness, and lumbar spine with tenderness. On December 26, 2014, Utilization Review non-certified 3T magnetic resonance imaging of the left shoulder, based on MTUS, ACOEM, and ODG guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of 3T magnetic resonance imaging of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Shoulder chapter, MRI

Decision rationale: This patient presents with neck pain, lower back pain, and left shoulder pain. The treater has asked for 3T MRI OF THE LEFT SHOULDER on 12/15/14 "to determine future direction of treatment and hopefully determine the origin of her symptoms in the left shoulder. The patient has ongoing pain in the posterior lateral aspect of the shoulder with radiation to the acromion and slightly into the bicipital groove/tuberosity per 12/15/14. Review of the reports do not show any evidence of a prior left shoulder MRI being done. Regarding shoulder MRIs, ACOEM guidelines state: Routine testing--laboratory tests, plain film radiographs of the shoulder--and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain."In this case, the patient had an injury to the shoulder, and an MRI is indicated for a suspected rotator cuff tear. The requested MRI of left shoulder is medically reasonable given no prior MRI for this case. The request IS medically necessary.