

Case Number:	CM15-0005406		
Date Assigned:	01/16/2015	Date of Injury:	07/15/2011
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/10/2015

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 31-year-old female who reported an injury on 07/15/2011. The mechanism of injury was not clearly provided. Her diagnoses include disorders of bursae and tendons in the shoulder. The injured worker's past treatments included 24 sessions of physical therapy, injections in the right shoulder without lasting benefit and medications. The injured worker's diagnostic testing included an MRI of the left shoulder performed on 12/20/2014, which was noted to reveal an unremarkable MRI of the left shoulder. There were no relevant surgeries included in the documentation. On 12/10/2014, the injured worker complained of continued pain in the neck, upper back and both shoulders with radiation to both arms. The pain was associated with tingling, numbness, and weakness in both arms and hands. She rated the severity of her pain a 5/10 on a pain scale. Functional limitations during the past month included physical exercising, performing household chores, and doing yard work. Physical examination of the left shoulder included a muscle strength of 4+/5 upon abduction. There was diminished sensation in the C5-6 dermatomes of the upper extremities. The injured worker's medications included Naproxen 550 mg and Tramadol 50 mg. The request was for an MRI of the left shoulder. The rationale for the request was not clearly provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: 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 10/31/2014) Magnetic Resonance Imaging (MRI)

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 (MRI).

Decision rationale: The request for MRI of the left shoulder is not medically necessary. The injured worker has continued pain to the left shoulder with 4+/5 strength on the right shoulder abduction on physical exam. According to the Official Disability Guidelines, repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The documentation submitted did not provide sufficient evidence of significant abductive progressive neurologic deficits or new findings suggestive of a pathology that did not correlate with the previously performed MRI. In the absence of documentation with sufficient evidence of progressive neurological deficits and new findings suggestive of significant new pathology that does not correlate with the previously performed MRI, the request is not supported. As such, the request is not medically necessary.