

Case Number:	CM15-0100455		
Date Assigned:	06/04/2015	Date of Injury:	07/24/2009
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old who sustained an industrial injury on July 21, 2007. They reported left shoulder pain. The injured worker was diagnosed as having subacromial bursitis and impingement, partial rotator cuff tear, labral tear (anterior), glenohumeral synovitis and acromioclavicular synovitis/arthritis. Treatment to date has included surgical intervention of the left shoulder, failed conservative therapies. Currently, the injured worker complains of continued left shoulder pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. They were treated conservatively and surgically without complete resolution of the pain. It was noted in the operative report many conservative therapies were tried and failed. Magnetic resonance imaging of the left shoulder was requested.

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 without Contrast: 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), Shoulder, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The patient underwent extensive left shoulder surgery on 08/15/14 followed by 32 sessions of PT. He was reported to be making excellent post-op progress at his 12/29/14 follow-up visit with his surgeon. Currently there is a request for an MRI of the left shoulder; however, there is no supporting documentation submitted giving the rationale for this request. Guidelines state that an MRI should be ordered when it is expected that the result will change treatment recommendations. MRI should also be ordered for a change in medical condition. Since the patient's current condition is unknown, the request cannot be deemed medically necessary.