

Case Number:	CM15-0102316		
Date Assigned:	06/04/2015	Date of Injury:	06/08/2013
Decision Date:	08/31/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old male, who sustained an industrial injury on June 8, 2013. He reported an injury to his low back, bilateral shoulders and left knee. Treatment to date has included arthroscopic left knee surgery, diagnostic imaging, physical therapy, chiropractic therapy, aqua therapy, and medications. Currently, the injured worker complains of neck pain with radiation of pain to the bilateral upper extremities and low back pain with radiation of pain to the left lower extremity. He has an antalgic gait and decreased range of motion of the left knee. He has decreased range of motion of the cervical and lumbar spine. The diagnoses associated with the request include rule out internal derangement of the right shoulder. An evaluation on March 20, 2015 revealed the injured worker reported pain in his right shoulder and noted a dull aching sensation along the anterolateral aspect of the right shoulder. He reported difficulty reaching overhead, lifting, pulling, pushing and stated that if he rolled onto his shoulders at night, he would awaken. He had decreased range of motion of the bilateral shoulders and positive impingement signs in the bilateral shoulders. The treatment plan includes MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right 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 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 (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work-related injury in June 2013 and is being treated for bilateral shoulder pain. When seen, he had been evaluated by at least eight prior doctors for his shoulders. Treatments had included physical therapy, medications, and injections. He had aching and pain with overhead activities affecting the right worse than left shoulder. Physical examination findings included decreased shoulder range of motion with positive impingement testing and rotator cuff weakness. Cross arm testing was positive. Prior testing had included an MRI of the left shoulder showing tendinitis and a partial rotator cuff tear. No other testing was available. An MRI of the right shoulder was requested. Indications for obtaining an MRI of the shoulder include the presence of red flags such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified red flags and no reported complaints or physical examination findings that suggest instability or labral pathology. The requested right shoulder MRI is not medically necessary.