

Case Number:	CM15-0010051		
Date Assigned:	01/28/2015	Date of Injury:	03/10/2010
Decision Date:	04/08/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/20/2015

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 41 year old female with an industrial injury dated March 10, 2010. The injured worker diagnoses include shoulder stain/sprain, rotator cuff tear, muscle spasms, decreased range of motion limbs, edema and pain of limb. She has been treated with diagnostic studies, prescribed medications, physical therapy, and periodic follow up visits. According to the progress note dated 12/3/2014, the injured worker reported left shoulder pain with muscle spasms minimally improved. Objective findings revealed pain, tenderness and swelling with no redness or ecchymosis. The treating physician prescribed services for MRI Arthrogram of the left shoulder. Utilization Review determination on December 15, 2014 denied the request for MRI Arthrogram of the left shoulder, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, MRI.

Decision rationale: This patient presents with left shoulder pain with muscle spasms and decreased range of motion. The current request is for MRI Arthrogram Left Shoulder. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. The ODG Guidelines under the shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. This patient has undergone an MRI of the left shoulder on 5/24/10 and 7/18/11. The treating physician requests authorization for MRI arthrogram of the left shoulder as it has been 18 months since last MRI of left shoulder. In this case, there are no new injuries, no significant changes in examination, or new location of symptoms requiring additional investigation. The requested repeat MRI of the shoulder IS NOT medically necessary.