

Case Number:	CM15-0134104		
Date Assigned:	07/22/2015	Date of Injury:	05/27/2013
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
 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 62-year-old female, who sustained an industrial injury on 5/27/13. Initial complaint was of the left upper extremity/shoulder. The injured worker was diagnosed as having disorders of the bursae and tendons in shoulder region unspecified. Treatment to date has included status post left shoulder arthroscopy, debridement, subacromial decompression and biceps tenodesis (12/2013); physical therapy; medications. Diagnostics studies included MR Arthrogram (7/8/14); MRI cervical spine (12/10/14); MRI thoracic spine (12/15/14). Currently, the PR-2 notes dated 5/11/15 indicated the injured worker complains of left shoulder discomfort following rotator cuff and biceps tendon surgery. She continues to have difficulty with pain and indicated an injection was done on her last visit but it did not help relieve the discomfort. The MRI of the cervical spine dated 12/120/14 concludes there is a 3.2cm diffusely high signal intensity right paracentral to lateral recess extending C4/5 disc herniation with multilevel deteriorated disc level changes and asymmetric left C6-7 wide-based disc extension with multilevel neuroforaminal encroachment greatest involving right C6 greater than right C6/7 level. Thoracic spine demonstrates multilevel central disc protrusions and contained disc herniations causing minimal pressure transmitted effacement of the ventral spine cord. On physical examination the provider documents "continues to demonstrate tenderness and mild impingement signs. There is tenderness just lateral to the anterolateral margin of the scapula. She has good range of motion." He notes ongoing left shoulder pain, which occurred following shoulder arthroscopy and acromioplasty. There are multiple level cervical abnormalities on MRI. He has limited her work over the shoulder height and lifting 10-15 pounds to shoulder height. The provider is requesting authorization of MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: The request is considered not medically necessary. Because MTUS does not address shoulder MRI, ODG guidelines were used. ODG states that a shoulder MRI is indicated for acute shoulder trauma, rotator cuff tear/impingement, or if instability and labral tears were suspected. In her most recent progress notes, there is no documentation of significant progression of exam findings or symptoms that would require additional imaging. She had tenderness but full range of motion and normal strength. MRI is not recommended unless symptoms and findings suggest significant pathology. She had an MR arthrogram showing no rotator cuff pathology after her surgery and has had no subsequent worsening of exam findings. Therefore, the request is considered not medically necessary.