Case Number:	CM15-0134197		
Date Assigned:	07/22/2015	**Date of Injury:**	02/03/2010
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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 49-year-old male, who sustained an industrial injury on February 3, 2010. He reported left wrist and hand pain. Treatment to date has included surgery, injections, physical therapy, chiropractic care, acupuncture, medications, ice therapy, psychotherapy, neurological evaluation and x-ray. Currently, the injured worker complains of right shoulder pain described as pins and needles that becomes sore and the shoulder feels weak. He reports he is unable to lift his shoulder above his head or lay on the shoulder due to pain. The pain is rated at 7-8 on 10. He reports bilateral elbow pain (right greater than left) described as dull and constant and is rated at 7-8 on 10. His right wrist pain is described as stabbing that radiates a tingling sensation into his hand with numbness noted in the ring and small fingers. He reports a weak right hand grip and rates his pain at 7-8 on 10. The left wrist pain is also stabbing that radiates from his left elbow to his index and middle fingers. He reports a weak left hand grip and rates the pain at 6-7 on 10. The injured worker is currently diagnosed with partial right shoulder rotator cuff tear, cervical spine multilevel disc herniations, cervical spine facet arthropathy, and cervical stenosis C5-C6 and C6-C7. His work status is permanent and stationary. A note dated May 29, 2015 states the injured worker experienced minimal relief from injections, chiropractic care and acupuncture. He did experience good relief from physical therapy. The note also states the injured worker experienced approximately a 50% relief in pain symptoms from medication(s). The injured worker also utilizes ice therapy to help reduce the pain. A right shoulder MRI is requested to aid in diagnosing the injured worker's shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS is silent regarding repeat MRI for chronic pain. According to the ODG criteria, repeat MRI's are not routinely recommended but should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. In this case, the patient has chronic shoulder pain from a work related injury. Prior MRI was done on 10/5/12 showing partial tear of RTC. The recent documentation does not support that the patient has had an increase in pain, new injury or a change in physical exam. The MRI of the shoulder is not medically necessary.