

Case Number:	CM15-0136753		
Date Assigned:	07/24/2015	Date of Injury:	01/17/2012
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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 47 year old male who sustained a work related injury January 17, 2012. The earliest medical record available for review is a primary treating physician's medical re-evaluation, dated December 9, 2014. An interim history is documented as the injured worker was evaluated by an orthopedic surgeon, recommending back surgery, which he didn't want at that time. He now reports wanting further treatment for his left shoulder. He complains of moderate persistent severe left shoulder pain rated 6-7 out of 10 and low back pain, rated 5 out of 10. Physical examination reveals a normal gait. There is tenderness to palpation with spasms of the lumbar paraspinals and limited range of motion secondary to pain. Sensation is intact in the bilateral lower extremities. Examination of the left shoulder reveals; a large well healed surgical scar, tenderness to palpation of the left acromioclavicular joint and the left deltoid, limited range of motion secondary to pain, positive apprehension sign, and sensation intact in left upper extremity. A notation dated October 6, 2014, revealed he underwent a lumbar differential diagnostic facet block L4-L5 and L5-S1 and the medial branches of L3, L4, and L5 at the dorsal primary ramus of L5 bilaterally. Diagnoses are left shoulder pain; lumbar spine sprain, strain with myospasm; left shoulder acromioclavicular joint osteoarthritis; left shoulder supraspinatus infraspinatus tendinosis; left shoulder biceps anchor tear with tendinosis and tenosynovitis; multilevel disc protrusions of the lumbar spine; lumbar spine disc desiccation. At issue, is the retrospective request for authorization for an MRI of the left shoulder, date of service March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI (Magnetic Resonance Imaging) of the left shoulder, preformed 03/18/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a retrospective request for an MRI of the left shoulder. The patient injured his left shoulder on 1/17/2012 and sometime subsequently had an unspecified shoulder surgery (date not provided). He returned to his provider complaining now of moderate, persistent left shoulder pain. His examination revealed only tenderness of the AC joint and deltoid, decreased range of motion of the left shoulder secondary to pain, sensation intact and a positive apprehension test. There was no evidence of progressive neurologic dysfunction or physiologic evidence of tissue insult or red flags necessitating an MRI. There was no evidence that he was a candidate for additional surgery or that he had failed a strengthening program to avoid surgery. Thus the MRI of the left shoulder is not medically necessary.