MAXIMUS Federal Services

Case Number:	CM15-0137968		
Date Assigned:	07/28/2015	Date of Injury:	10/02/2014
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/17/2015

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: Preventive Medicine, Occupational 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 (IW) is a 53 year old male who sustained an industrial injury on 10/02/2014. He reported left-sided shoulder pain following a severe left sided shoulder traction injury in a fall from a commercial truck. The injured worker was diagnosed as having impingement left shoulder, glenoid labral abnormality, ac joint traumatic arthritis. Treatment to date has included failed local injection of corticosteroids, and a course of nonsteroidal anti-inflammatories with a course of physical therapy X2 followed on 03/27/2015 by left-sided biceps tenodesis arthroscopy of the shoulder with Mumford procedure decompression of the subacromial space. Currently, the injured worker is seen in regard to his left-sided anterior shoulder pain. He has pain when reaching, pushes and pulls. Range of motion includes abduction 110, forward flexion 120, and external rotation 30 with complaints of pain over the upper arm proximal to the surgical incision. The treatment plan includes continuation of physical therapy resistive range of motion, and use an over the counter nonsteroidal anti-inflammatory medication. A MRI of the left shoulder is recommended to determine the etiology of his persistent subjective complaints. A request for authorization was made for the following: MRI of left shoulder with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder with and without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th edition (web), 2015, Shoulder.

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines note that there should be a significant change in symptoms or evidence of significant pathology to support repeat MRI studies. This individual meets these criteria. Persistent postoperative pain is often associated with new tearing of the rotator cuff. The prolonged symptoms justify the requested testing as the results will lead to additional surgery or should support a timely MMI status. Under these circumstances, the MRI of left shoulder with and without contrast is supported by Guidelines and is medically necessary.