

Case Number:	CM15-0149302		
Date Assigned:	08/12/2015	Date of Injury:	10/11/2000
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 61 year old female, who sustained an industrial injury on 10-11-2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left rotator cuff tendinopathy, impingement syndrome, status post bilateral total knee replacements, and history of depression, and anxiety disorder. Treatments to date include activity modification, medication therapy, and therapeutic left shoulder joint injections. Currently, she complained of ongoing pain left shoulder. On 7-13-15, the physical examination documented limited range of motion and pain in the left shoulder with positive impingement sign, positive Hawkin's sign and weakness. The plan of care included a request to authorize MR Arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (acute & chronic)-MR arthrogram.

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

Decision rationale: This patient receives treatment for chronic left shoulder pain. This relates back to an industrial injury dated 10/11/2000. This review addresses a request for an MR arthrogram of the left shoulder. The patient had an MRI of the shoulder which did not reveal a torn rotator cuff and the patient received one intra-articular cortisone injection. On exam, the apprehension test is negative. The Hawkins impingement test is positive. The drop arm test is negative. The patient has not yet had physical therapy; therefore, conservative therapy has not yet been completed. On the basis of the documentation another shoulder MRI is not clinically indicated, because it has not been established that a rotator cuff tear is in need of surgery at this time.