

Case Number:	CM15-0149553		
Date Assigned:	08/14/2015	Date of Injury:	06/16/2011
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
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: 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 is a 55 year old male, who sustained an industrial injury on 6-16-2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical sprain-strain, left shoulder sprain-strain, chronic left shoulder pain, status post left shoulder surgery. Treatments to date include activity modification, medication therapy, chiropractic therapy, and home exercise. Currently, he complained of increasing left shoulder pain associated with numbness. Pain was rated 8 out of 10 VAS 70% of the time. On 7-15-15, the physical examination documented tenderness, muscle spasms and swelling to the left shoulder. The plan of care included a request to authorize a 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 of left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the injured worker is diagnosed with left shoulder sprain-strain, chronic left shoulder pain, status post left shoulder surgery. There are no previous studies available for review. Per the available documentation, the injured worker does not have a condition that would warrant an MRI at this time. The request for MRI of left shoulder is determined to not be medically necessary.