

Case Number:	CM15-0161929		
Date Assigned:	08/27/2015	Date of Injury:	07/10/2013
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 49 year old male, who sustained an industrial injury on 07-10-2013 secondary to lifting a heavy AC panel resulting in numbness-tingling in the left arm. On provider visit dated 07-20-2015 the injured worker has reported muscle aches around to the elbow. On examination the left shoulder revealed positive Neer's, positive Hawkins and positive tenderness the bicipital groove. The positive tenderness at the extension origin tenderness down dorsal forearm, the diagnoses have included rotator cuff dis NEC, lateral epicondylitis, lesion of ulnar nerve and elbow pain. Treatment to date has included home exercise program, acupuncture, surgical intervention and medication. The injured worker was noted to return to modified work. The provider requested MRI of 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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online 2015 Shoulder MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The patient meets criteria as cited above in review of the provided clinical records as there is evidence of physiologic insult and therefore the request is medically necessary.