

Case Number:	CM15-0169343		
Date Assigned:	09/10/2015	Date of Injury:	09/16/1995
Decision Date:	10/14/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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 47-year-old male, with a reported date of injury of 09-16-1995. The diagnoses include left shoulder pain; chronic pain syndrome; anxiety; and depression. Treatments and evaluation to date have included OxyIR (oxycodone), OxyContin, Flexeril, and Tizanidine. The diagnostic studies to date have not been included in the medical records. The progress report dated 04-20-2015 indicates that the injured worker still had full bilateral shoulder range of motion. The progress report dated 05-19-2015 indicates that the injured worker continued to complain of persistent back pain and bilateral shoulder pain. He also complained of increasing twitching mostly in his upper arm and left shoulder. The objective findings include positive left Hawkins test; and normal motor strength in both upper extremities, proximal and distal. It was noted that the injured worker wanted to pursue treatment with regards to his shoulder. The treating physician requested an MRI of the left shoulder. On 07/31/2015, Utilization Review (UR) denied the request for an 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 the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging 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 review of the provided medical records does not show the patient to meet these criteria and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.