

Case Number:	CM15-0181544		
Date Assigned:	09/22/2015	Date of Injury:	06/16/2009
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: Physical Medicine & Rehabilitation

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 65 year old male who sustained an industrial injury on 06-16-2009. Current diagnoses include left shoulder sprain-strain, rule out internal derangement, anxiety, depression, headaches, and left sided hearing loss. Report dated 08-10-2015 noted that the injured worker presented with complaints that included the left shoulder and left arm. Pain level was not included. Physical examination performed on 08-10-2015 revealed a slow gait favoring the left lower extremity, moderate tenderness of the left shoulder, restricted shoulder range of motion on the left, positive impingement sign, Neer's sign, and Hawkin's sign, mild paresthesia in the left upper extremity, Romberg's test is mildly positive, heel-toe walking is weak on the left side, cannot perform tandem gait, and weak deltoid. Previous treatments included medications. The treatment plan included a follow up visit. The utilization review dated 08-26-2015, non-certified/modified the request for a left shoulder MRI 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 without contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The current request is for MRI of left shoulder without contrast. The RFA is from 08/10/15. Treatment history includes medications, physical therapy, steroid injection, and rest. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 208: "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per report 08/10/15, the patient presents with lower back, left shoulder and arm pain. Examination revealed moderate tenderness of the left shoulder, restricted range of motion on the left, mild paresthesia in the left upper extremity, and positive impingement, Neer's, and Hawkin's sign. The treater recommended an MRI of the left shoulder to rule out internal derangement. The medical file does not indicate that there is a prior MRI of the left shoulder. Given the positive examination findings, an MRI of the left shoulder to rule out internal derangement is reasonable and supported by guidelines. This request is medically necessary.