

Case Number:	CM15-0182503		
Date Assigned:	09/23/2015	Date of Injury:	06/30/2015
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female who sustained an industrial injury on 6-30-15. The injured worker reported pain in the head, neck back, bilateral shoulders, left wrist and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine strain, thoracic spine sprain strain, bilateral shoulder sprain strain, left wrist and hand sprain strain, bilateral knee sprain strain and lumbosacral spine strain. Medical records dated 8-7-15 indicate "pain is decreasing with Chiropractic care." Records indicate improving of the injured workers activities of daily living. Provider documentation dated 8-7-15 noted the work status as return to modified work "PTD 8-3-15". Treatment has included cervical spine computed tomography, chiropractic treatments, physiotherapy, lumbar spine magnetic resonance imaging (8-28-15), and a left shoulder magnetic resonance imaging (8-28-15). Objective findings dated 8-7-15 were notable for tenderness to the cervical spine, bilateral shoulders, thoracic spine, lumbar spine, left wrist, and bilateral knees. The original utilization review (9-9-15) denied a request for Magnetic resonance imaging (MRI) of the left shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in June 2015 as the result of a motor vehicle accident while working as an insurance adjuster and is being treated for headaches, pain throughout her spine, and left wrist and bilateral shoulder and knee pain. In the Emergency Room, physical examination findings decreased shoulder range of motion bilaterally. There was pain with left shoulder range of motion. When seen, there had been slight improvement with chiropractic care, which had included exercises. Physical examination findings included bilateral shoulder tenderness with decreased range of motion and positive Apley scratch and Apprehension testing. Acupuncture treatments were requested. MRI scans were ordered of the cervical and lumbar spine and both shoulders and knees. Electrodiagnostic testing was requested. Applicable indications in this case for obtaining an MRI of the shoulder include sub acute shoulder pain when instability or a labral tear is suspected. In this case, the claimant had positive apprehension testing and had undergone prior conservative treatments. At the time of her initial assessment in the Emergency Room, there were findings of pain with left shoulder range of motion only. The requested MRI is considered medically necessary.