

Case Number:	CM15-0183867		
Date Assigned:	09/24/2015	Date of Injury:	01/22/2013
Decision Date:	10/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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 43-year-old male who sustained an industrial injury on 01-22-2013. According to a progress report dated 09-03-2015, the injured worker was seen in follow up of the left shoulder. He had an injury to his left shoulder. He underwent a rotator cuff repair. He had been doing well, but secondary to right shoulder injury, he had increasing symptoms. He reported pain with overhead activity, pain in the arm away from the body and pain when lying upon the shoulder at night. There was tenderness to palpation at the anterior aspect of the acromion, at the anterior cuff insertion, at the greater tubercle of the humerus and pain was elicited during an impingement test of the shoulder. No weakness at 90 degrees elevation and full internal rotation was noted. Assessment included shoulder impingement, left shoulder pain with impingement status post rotator cuff repair. The provider recommended and MRI to ensure rotator cuff integrity. The provider noted that physiotherapy for a short duration of 3 weeks at 2 times per week would be recommended. Work status was not restricted secondary to the left shoulder. The only authorization request submitted for review was dated 09-02-2015. The requested services included MRI of the right shoulder. On 09-14-2015, Utilization Review non-certified 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:

Left shoulder MRI Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Page 18.

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 January 2013 and is being treated for left shoulder and right knee pain. He underwent a left rotator cuff repair and in March 2015 was doing well. When seen, he was having left shoulder pain attributed to compensation for a right shoulder injury. Physical examination findings of the shoulder were tenderness and pain with impingement testing. A repeat MRI is being repeated for impingement syndrome to evaluate for rotator cuff integrity. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement or sub acute shoulder pain where instability or a labral tear is suspected. In this case, there is no acute injury and no findings that suggest labral pathology or instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The request is not medically necessary.