

Case Number:	CM15-0184085		
Date Assigned:	09/24/2015	Date of Injury:	06/21/2015
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female, who sustained an industrial injury on 06-21-2015. She has reported injury to the left shoulder. The injured worker is being treated for strain of shoulder, left; and bicipital tenosynovitis. Treatment to date has included medications, diagnostics, physical therapy, and chiropractic therapy. A progress report from the treating physician, dated 08-25-2015, documented a follow-up visit with the injured worker. The injured worker reported left shoulder pain; the pain is rated at 6 out of 10 in intensity and elevates to 8 out of 10 upon raising her arm; the pain is described as dull to sharp at the glenohumerus and radiates to the scapular region; there is muscle weakness at the left shoulder; aggravating factors include lifting the left arm up, activities of daily living, lying on the left side; and relieving factors included rest, stretching, walking, and lying on the right side. Objective findings included diffuse left scapular pain on palpation; sharp pain at the left supraspinatus; dull pain at the left pectoralis minor and left serratus anterior; sharp pain at the left pectoralis major; sharp pain at the left infraspinatus, but no longer has radiation; dull pain at the left medial scapula, posterior scale; sharp pain at the glenohumerus and mid tricep laterally; left shoulder ranges of motion are decreased; and the apprehension test is positive on the left with sharp glenohumeral pain. The treatment plan has included the request for MRI of the left shoulder. The original utilization review, dated 09-04-2015, non-certified the request for 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: 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 rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that an MRI was requested, and there is sufficient evidence to indicate that conservative treatment has not been effective in this case since the date of injury. The providing physician has requested MRI with concern for rotator cuff tear, which could require operative intervention. Therefore, the request for MRI of the shoulder is medically appropriate at this time.