MAXIMUS Federal Services

Case Number:	CM15-0184149		
Date Assigned:	09/24/2015	Date of Injury:	09/23/2013
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 45-year-old male with an industrial injury date of 09-23-2013. Medical record review indicates he is being treated for left shoulder SLAP repair, left wrist arthroscopy and debridement of the TFC, right elbow, and left shoulder (non-industrial). Subjective complaints (07-29-2015) included his left shoulder "is bothering him and he is unable to do his job duties." Other complaints included "his left wrist is quite bothersome for him also." "He was having significant pain when doing overhead activities such as painting." Physical findings 07-29-2015 revealed active forward flexion to 160 degrees, internal rotation to lumbar 5, and external rotation to 70 degrees. The injured worker had been returned to full duty at the prior visit (beginning 07-15-2015). The treating physician documented: "We will put him back on modified duty as of 07-29-2015 with no lifting over shoulder level and five pound limit lift." "No repetitive pinch or grip." Subjective complaints 08-20-2015 included ongoing left shoulder pain and his wrist was "becoming more bothersome for him." "He does not state that this break has given him any improvement." Physical exam 08-20-2015 revealed gross neuro was intact to both motor and sensation. "He does have stiff range of motion in extension." "He has positive fovea and positive TMC grind. Prior treatment included occupational therapy, medications and surgery. The treating physician's documented plan was to have the injured worker continue with modified duty with no lifting over shoulder level, a five-pound lift limit, and no repetitive grip, grasp or pinch. "We would like to order an MRI arthrogram of the left shoulder to rule out any other internal derangement." The treatment request is for MRI of the left shoulder without

contrast. On 09-03-2015, the treatment request for MRI of the left shoulder without contrast was denied by utilization review.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

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), Magnetic resonance imaging (MRI).

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. For injured workers with limitations of activity after four weeks and unexplained physical findings, such as localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis. In addition, the cited ODG states that MRI of the shoulder is recommended when the injured worker has had history of acute shoulder trauma, with suspected rotator cuff tear/impingement, and over age 40. The treating physician's notes from 08-20-2015 indicate increased left shoulder pain, decreased range of motion, and positive Hawkins-Kennedy sign. The injured worker has had previous SLAP repair for his left shoulder, but the date of surgery and previous diagnostic imaging studies are not available. Although the injured worker has not improved with modified duty, clarification is needed concerning pertinent history and studies. Therefore, the request for MRI of the left shoulder without contrast is not medically necessary at this time.