

Case Number:	CM15-0188730		
Date Assigned:	10/01/2015	Date of Injury:	06/16/2012
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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 56 year old female, who sustained an industrial injury on June 16, 2012. She reported injury to her left shoulder. The injured worker was diagnosed as having rotator cuff impingement and acromioclavicular joint arthrosis. Treatment to date has included diagnostic studies, surgery, home exercise and medications. A previous MRI of the left shoulder was noted to be performed on December 20, 2012. On August 18, 2015, the injured worker complained of left shoulder pain rated as a 5 on a 1-10 pain scale. Surgery was recommended for her left shoulder but the injured worker wanted to try noninvasive interventions. Physical examination of the left shoulder revealed limited range of motion with pain. The treatment plan included physical therapy two times a week for four weeks for the bilateral shoulders, hand therapy for her right hand and a follow-up visit. On August 26, 2015, utilization review denied a request for an MRI without contrast of the left shoulder (closed unit only).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast left shoulder (Closed unit only): Upheld

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

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter-Magnetic resonance imaging.

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 2012 and underwent a left shoulder arthroscopic subacromial decompression on 10/15/13. She had postoperative physical therapy and completed six treatments as of 03/19/14. When seen, she was having ongoing shoulder pain. She had increased pain after a cortisone injection for approximately one week and then had relief of pain for two days. She was continuing to perform a home exercise program. Physical examination findings included positive impingement testing and pain with abduction and external rotation. There was acromioclavicular joint tenderness. Authorization is being requested for a repeat MRI scan. Applicable indications in this case for obtaining an MRI of the shoulder include suspected instability or labral tear which is not suggested by the claimant's reported physical examination findings or by history of injury or current complaints. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the claimant has ongoing findings of rotator cuff impingement without new injury or significant change in her condition. This test is not medically necessary.