

Case Number:	CM15-0189699		
Date Assigned:	10/01/2015	Date of Injury:	02/03/2015
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
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: California

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:

This 48 year old woman sustained an industrial injury on 2-3-2015. Diagnoses include pain in shoulder joint, cervicalgia, rotator cuff sprain-strain, and brachial neuritis-radiculitis. Treatment has included oral medications. Physician notes dated 9-9-2015 show complaints of neck and back pain. The physical examination shows JAMAR right 14-12-10 and left 10-10-10, cervical spine range of motion 15-25 degrees with pain, decreased sensation along C7 and C8 dermatomes, right shoulder range of motion with pain, positive Hawkin's, Neer, and supraspinatus tests. Recommendations include left shoulder MRI and Ultracet.

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: Upheld

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: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option

for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the request for MRI is for the left shoulder but all of the patient's complaints are of the right shoulder. There is a diagnosis of right shoulder impingement syndrome, which is not an indication for MRI. There is no evidence that the injured worker has attempted conservative therapy directed at the right shoulder. The request for MRI of the left shoulder is not medically necessary.