

Case Number:	CM15-0189768		
Date Assigned:	10/01/2015	Date of Injury:	01/07/2014
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old, female who sustained a work related injury on 1-7-14. A review of the medical records shows she is being treated for neck, left shoulder and back pain. Treatments have included physical therapy and a cortisone injection in left shoulder ("provided transient relief"). Current medications include Celebrex and Norco. In the progress notes, the injured worker reports pain in left shoulder with overhead activities. She reports intermittent pain with activities using left arm. She has pain that radiates down left arm. She rates her pain a 6-7 out of 10. On physical exam dated 8-17-15, she has tenderness over left shoulder joint. She has crepitus in left shoulder. She has decreased range of motion in left shoulder. She has a positive Hawkins-Kennedy impingement test. She is not working. The treatment plan includes requests for physical therapy for left shoulder and cervical spine, for activity modifications, and refills of Celebrex and Norco. The Request for Authorization dated 8-25-15 has requests for physical therapy x 6 sessions, for an MRI of left shoulder and for MRI of cervical spine. In the Utilization Review dated 8-31-15, the requested treatment of MRI of left shoulder is not medically necessary.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter, MRI imaging.

Decision rationale: Medical records indicate the patient has persistent complaints of neck and left shoulder pain along with pain, numbness and tingling in the upper extremities. The current request for consideration is MRI of the left shoulder. I am unable to find an attending physician report which requests and MRI of the left shoulder. MRI of the shoulder is recommended by ODG with the following indications: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; 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 patient is having chronic left shoulder pain. There is no evidence of new or recent shoulder trauma. Records to date do not mention instability of suspicion of labral tear. The records indicate that an MRI of the left shoulder was performed on 4/16/14 which demonstrates evidence of tendinosis, and peritendinitis of the supraspinatus tendon with no evidence of rotator cuff tear identified. According to the ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms/and or findings suggestive of significant pathology. There is nothing in the medical records which would indicate significant change in symptoms/and or findings of significant pathology. The available medical records do not establish medical necessity for a repeat MRI of the left shoulder. The request is not medically necessary.