

Case Number:	CM15-0192435		
Date Assigned:	10/06/2015	Date of Injury:	01/08/2015
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 59 year old male who sustained an industrial injury on 01-08-2015. According to an initial pain management evaluation dated 08-20-2015, the injured worker reported "severe" pain that was constant on the right shoulder. Prior treatments for present complaints included physical therapy with temporary benefit. He was working full time. He reported constant low back pain and tingling sensation bilaterally. Right shoulder pain radiated to the elbow on the left. Pain was associated with hypersensitivity, color changes, temperature changes and swelling. Pain was rated 9 on a scale of 1-10. He had difficulty sleeping. Examination of the bilateral shoulders was performed. Tenderness was positive. Swelling was positive. Range of motion was decreased. Deep tendon reflexes were 2 out of 2. Motor strength was 5 minus out of 5. Tinel's sign was negative. Diagnoses included right shoulder strain, right shoulder rotator cuff injury, left shoulder pain due to overcompensation and myofascial pain syndrome. The treatment plan included acupuncture, MRI of the left shoulder and cortisone injection for the right shoulder. The injured worker was on total partial disability with restrictions. On 09-04-2015, Utilization Review 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: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS ACOEM shoulder guidelines, for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. In this case, the injured worker is reporting left shoulder pain due to over compensation. However, in the absence of red flags or attempts at conservative care, the request for advanced imaging studies is not supported. The request for MRI of the left shoulder is not medically necessary and appropriate.