

Case Number:	CM15-0193060		
Date Assigned:	10/07/2015	Date of Injury:	08/31/2015
Decision Date:	11/19/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/01/2015

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: Anesthesiology, 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 53 year old male, who sustained an industrial injury on 8-31-2015. The injured worker is undergoing treatment for left shoulder dislocation. On 9-1-15, he reported left shoulder pain. Physical findings revealed decreased left shoulder range of motion and positive impingement. The records indicate he has a history of left shoulder dislocation and is able to reduce on his own. He reported feeling the shoulder as unstable. The treatment and diagnostic testing to date has included: home exercise program. Current work status: modified. The request for authorization is for: magnetic resonance imaging of the left shoulder. The UR dated 9-19-2015: non-certified the request for magnetic resonance imaging 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.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Surgical Considerations.

Decision rationale: According to ACOEM guidelines for imaging of the shoulder, MRI is indicated when surgery is being considered for patients with shoulder limitations and documentation of physical findings consistent with those limitations in order to evaluate possible red flag conditions. The clinical documentation submitted for review does not provide a recent evaluation of the patient's shoulder to support significant deficits that would require surgical intervention or provide suspicion of red flag diagnoses. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.