

Case Number:	CM15-0197360		
Date Assigned:	10/12/2015	Date of Injury:	10/29/2014
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, New York, 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:

The applicant is a represented 48-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 29, 2014. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced an RFA form received on September 22, 2015 in its determination. On October 5, 2015, the claimant reported ongoing complaints of left shoulder pain. The claimant stated that she had received shoulder MRI elsewhere. The note was somewhat difficult and mingles historical issues with current issues. The claimant had undergone earlier shoulder surgery; it was stated in another section of the note. The claimant contended that she had not made appropriate progress postoperatively. 4/5 supraspinatus strength is appreciated. The claimant had 15-120 degrees of pain-limited shoulder range of motion with diminished grip strength noted about the left hand when contrasted against the right. The claimant was asked to pursue an arthroscopic rotator cuff repair procedure. The attending provider again sought MRI imaging of the shoulder for what was characterized as preoperative planning purposes.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the request for MRI imaging of the left shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is recommended in the preoperative evaluation full and/or partial rotator cuff tears, as was seemingly present on or around the date in question, October 5, 2015. The requesting provider, a shoulder surgeon, seemingly suggested that the applicant was in process of considering shoulder surgery and stated that the MRI imaging in question was being proposed for preoperative planning purposes after the applicant had already undergone one failed shoulder surgery. Obtaining MRI imaging was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.