

Case Number:	CM15-0197928		
Date Assigned:	10/13/2015	Date of Injury:	12/11/2007
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 54 year old female who sustained an industrial injury on 12-11-07. A review of the medical records indicates she is undergoing treatment for right shoulder severe degenerative joint disease, bilateral carpal tunnel syndrome, status post left shoulder arthroscopy, bilateral epicondylitis, MFS cervical spine, sleep disorder, and anxiety. Medical records (8-19-15) indicate complaints of "moderate" neck pain, affecting the left more than the right, "moderate" left shoulder pain with numbness and tingling to the left hand, and "moderate" left wrist and hand pain with numbness and tingling. The records indicate that neck pain, left shoulder pain and left wrist and hand pain "affect" activities of daily living. The physical exam reveals that the injured worker "continues to have flare-ups to the left shoulder". The treating provider indicates that the pain "travels to the cervical spine down to the left hand with cramping". Tenderness to palpation and decreased range of motion is noted of the cervical spine, left shoulder and bilateral wrists, affecting the left greater than the right. Positive impingement sign is noted of the left shoulder. The treatment recommendations include requests for authorization of an EMG-NCV of bilateral upper extremities and an MRI of the left shoulder, which is noted to be an "updated study". The utilization review (9-14-15) includes a request for authorization of an MRI of the left shoulder. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th Annual Edition) 2015 Shoulder Chapter - Repeat MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: According to the ODG criteria, repeat MRI's are not routinely recommended but should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. In this case, the patient has chronic shoulder pain. She had surgery in 2009 with ongoing pain. The documentation doesn't support that the patient has had a new injury or an exacerbation of symptoms. The medical necessity for a repeat MRI of the shoulder is not made. Therefore, the request is not medically necessary.