

Case Number:	CM15-0199126		
Date Assigned:	10/14/2015	Date of Injury:	05/10/2013
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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, Illinois

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 injured worker is a 58 year old male, who sustained an industrial injury on 5-10-13. The injured worker was diagnosed as having left shoulder impingement syndrome or acromioclavicular joint arthrosis and status post right shoulder arthroscopy with Mumford resection. Treatment to date has included at least 32 physical therapy sessions and shoulder injections. Physical examination findings on 8-24-15 included anterior shoulder tenderness with limited range of motion, residual weakness, and pain at terminal motion. On 8-24-15, the injured worker complained of bilateral shoulder pain rated as 4 of 10. On 7-6-15 the treating physician requested authorization for a MRI of the bilateral shoulders. On 9-25-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the bilateral shoulders: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 5-10-13. The medical records provided indicate the diagnosis of left shoulder impingement syndrome or acromioclavicular joint arthrosis and status post right shoulder arthroscopy with Mumford resection. Treatment to date has included at least 32 physical therapy sessions and shoulder injections. The medical records provided for review do not indicate a medical necessity for 1 MRI of the bilateral shoulders. The medical records, including latest physical therapy notes do not indicate the injured worker has abnormal range of motions or impingement signs, or any evidence of neurological deficit. The MTUS does not recommend imaging except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint.