

Case Number:	CM15-0201564		
Date Assigned:	10/16/2015	Date of Injury:	10/20/1997
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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 62 year old male with an industrial injury date of 10-20-1997. Medical record review indicates he is being treated for cervical sprain associated with radiculitis along the left upper extremity, mid back sprain, impingement syndrome of the shoulder on the right status post decompression, labral repair, rotator cuff repair and biceps tendon release, Epicondylitis on the right, carpal tunnel syndrome on the right and impingement syndrome of the shoulder on the left status post decompression. Subjective complaints (09-08-2015) included shoulder complaints. The treating physician documented the injured worker could not use his left arm. Work status is documented as; "Again, the patient cannot really." "He cannot reach at the shoulder level or above with his right arm." "He cannot do repetitive motion with the right upper extremity." Prior treatments included subacromial space injection right shoulder, injection left shoulder, surgery and therapy. The treating physician documented in the 09-08-2015 note an x-ray "that showed 2 mm articular surface left." Objective findings (09-08-2015) revealed shoulder elevation and abduction "is no more than 90 degrees" right and left. Tenderness along the rotator cuff was noted bilaterally more on the left. "He has frail arm with edema along the upper extremity on the left." On 09-30-2015 the request for left shoulder MRI was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2015, Shoulder, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder, Section: MRI Imaging.

Decision rationale: The Official Disability Guidelines comment on the use of MRI imaging studies for shoulder conditions. The indications for imaging with magnetic resonance imaging (MRI) are as follows: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the office visit of 7/30/2015 describes a recently completed MRI of the left shoulder (undated) and a recently completed MRI of the right shoulder report dated 6/16/2015. Given that there was a recent MRI of the left shoulder as indicated in the medical records, and no further information to suggest that there had been a change in the patient's clinical status at that point in time, a repeat MRI of the left shoulder is not currently medically necessary. Further imaging of the left shoulder would need to be justified based on the above cited criteria. At this point a repeat MRI of the left shoulder is not medically necessary.