

Case Number:	CM15-0203309		
Date Assigned:	10/20/2015	Date of Injury:	08/05/2015
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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, Florida, 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:

This injured worker is a 42-year-old male who reported an industrial injury on 8-5-2015. His diagnoses, and or impressions, were noted to include: left shoulder joint pain; whiplash injury of the neck; and low back pain. Recent magnetic imaging studies of the thoracic spine were done on 10-5-2015. His treatments were noted to include: physical therapy; medication management; and rest from work. The progress notes of 9-30-2015 reported: no improvement in his upper or lower back; difficulty turning his neck due to pain in his upper and lower neck; radiating low back pain around his back "like a belt", and not the lower extremities, which was exacerbated by gentle movements; and that his approved pain medications were ineffective. No complaints of the left shoulder were noted. The objective findings were noted to include findings of tenderness and limited neck range-of-motion due to pain, and tenderness at the bilateral trapezius, but no examination or findings of the left shoulder were noted. The physician's requests for treatment were noted to include MRI of the neck, thoracic and lower back, and left shoulder. No Request for Authorization for MRI, to include the left shoulder was noted in the medical records provided. The Utilization Review of 10-8-2015 non-certified the request for MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Shoulder (Acute & Chronic) - 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) Shoulder, under MRI.

Decision rationale: This claimant was injured in August. There was left shoulder pain, whiplash, and low back pain. No left shoulder complaints were noted, and no discussion of on what basis a left shoulder MRI was needed was noted. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately not medically necessary.