

Case Number:	CM15-0203526		
Date Assigned:	10/20/2015	Date of Injury:	07/16/2010
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
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: North Carolina
 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 67-year-old male injured worker suffered an industrial injury on 7-16-2010. The diagnoses included bilateral shoulder mild to moderate glenohumeral joint osteoarthritis, probable bilateral shoulder partial rotator cuff tendon tears with positive ultrasound to the left shoulder. On 9-21-2015, the treating provider reported he continued to have pain in the left shoulder. On exam, there was slight improvement in the range of motion to the left shoulder with positive impingement signs 1 and 2 with positive Jobe test and mild crepitus. The provider reported he discussed consideration for arthroscopy and the injured worker agreed to proceed. Prior treatment included physical therapy, Ultracet, Zanaflex and Motrin. The Utilization Review on 9-30-2015 determined non-certification for MRI for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided documentation for review does not show emergence of red flags. There is no new neurologic or physiologic deficits noted and no planned invasive procedure. Therefore, the request is not medically necessary.