

Case Number:	CM15-0022564		
Date Assigned:	02/12/2015	Date of Injury:	03/08/2013
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 41 year old female sustained a work related injury on 03/08/2013. The injured occurred when she got dizzy and fainted and fell to the left side on the floor. According to a progress report dated 12/13/2014, the injured worker was improving with her overall symptoms. She was able to do more activities of daily living and function better. She had completed 5 chiropractic visits. The injured worker complained of left shoulder and arm pain with weakness and numbness and left elbow pain. Diagnoses included shoulder sprain/strain, elbow sprain/strain and radicular neuralgia. Work restrictions included no lifting over 5-8 pounds, no overhead work with left arm, 10 minutes of extended arm work and light grasping with the left arm. Treatment request included chiropractic treatments and MRI of the left shoulder. A previous MRI performed on 08/03/2013 showed findings suggestive of left supraspinatus partial tear with mild nonspecific T2 intensity in the left supraspinatus muscle and mild left acromial clavicular degenerative changes. On 01/29/2015, Utilization Review non-certified 1 MRI of the left shoulder without contrast. Guidelines referenced for this review included CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Shoulder Chapter. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: MTUS Guidelines recommend MRI studies of the shoulder when they are Red Flag conditions and it is necessary for surgical planning. A prior MRI study revealed pathology sufficient to qualify for surgery if symptoms were severe enough and persistent. The medical necessity of a repeat MRI is not supported as no significant change in symptoms or red flag conditions are reported. In addition, there is no documentation that this is being requested for surgical planning. Under these circumstances, the MRI of the left shoulder without contrast is not supported by Guidelines and is not medically necessary.