MAXIMUS Federal Services

Case Number:	CM15-0025090		
Date Assigned:	02/17/2015	Date of Injury:	08/12/2011
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, 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 59 year old female with an industrial injury dated 08/12/2011 which resulted in injury to the left shoulder. Diagnoses include cervical disc protrusion, lumbar disc protrusion, left sciatica, and left 3rd digit sprain. Recent diagnostic testing has included a MRI of the lumbar spine (12/28/2014), MRI of the cervical spine (12/28/2014), and MRI of the left shoulder (12/28/2014). Previous treatments have included conservative measures, medications, acupuncture, and conservative therapies. A progress note dated 01/06/2015, reports neck pain, low back pain, left shoulder pain, and middle finger pain. The objective examination revealed tenderness in the cervical and lumbar spines with spasms and decreased range of motion, positive straight leg raises, tenderness in the left shoulder with positive impingement sign, and tenderness in the left 3rd finger with decreased flexion. The treatment plan was to include electrodiagnostic testing, continued medications, physical therapy, urine testing, and follow-up. The treating physician is requesting MRI of the left shoulder which was denied by the utilization review. On 01/12/2015, Utilization Review non-certified a request for MRI of the left shoulder, noting ACOEM guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of 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:

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. A recent MRI was performed of the left shoulder on 12/29/14 and did not indicate any surgical diagnosies. The MRI request of the shoulder is not medically necessary.