

Case Number:	CM15-0216286		
Date Assigned:	11/06/2015	Date of Injury:	05/11/2015
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/03/2015

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 68 year old, male who sustained a work related injury on 5-11-15. A review of the medical records shows he is being treated for neck, chest, mid back pain, and left leg pain. In the Doctor's First Report of Occupational Injury or Illness dated 8-11-15, the injured worker reports constant left neck pain. He reports "popping and cracking" in his neck. No reports of left shoulder pain. On physical exam dated 8-11-15, he has tenderness over the left clavicle, left trapezius and left upper chest wall. Neer and Hawkins tests are positive. His left shoulder range of motion is limited and painful. The provider states the findings on left shoulder x-rays done reveal "a calcific density in the subacromial space of unclear etiology. Mild degenerative changes of the acromioclavicular joints are seen." Treatments have included physical therapy x 2 sessions-no more authorized, home exercises, modified duty and splinting-bracing. Current medications include-none listed. He is working regular duty. The treatment plan includes requests for physical therapy for 12 sessions, left shoulder and cervical spine MRIs and a CT scan of his chest. The Request for Authorization dated 8-24-15 has requests for physical therapy x 12 sessions, for MRIs of the left shoulder and cervical spine and for a CT scan of the chest. In the Utilization Review dated 10-1-15, the requested treatment of an MRI of the left shoulder is not medically necessary.

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.

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

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. Although there were signs of strain and a positive Hawkin's sign, there were no significant clinical abnormalities that would require surgery. The MRI request of the shoulder is not medically necessary.