

Case Number:	CM15-0037760		
Date Assigned:	03/06/2015	Date of Injury:	01/09/1999
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male who reported an injury on 01/09/1999. The mechanism of injury involved repetitive activity. The current diagnoses include rotator cuff syndrome, disorder of the shoulder region, cervicgia, and lumbosacral neuritis. On 09/03/2014, the injured worker presented for a followup evaluation with complaints of persistent cervical spine pain with radiation into the upper extremities as well as associated headaches. The injured worker also reported bilateral shoulder pain as well as low back pain. Upon examination of the shoulders, there was tenderness around the anterior glenohumeral region and subacromial space, positive Hawkins and impingement signs, painful rotator cuff function, reproducible symptomatology with internal rotation and forward flexion, and negative instability. Recommendations included an MRI of the left shoulder. A request for authorization was then submitted on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. According to the documentation provided, the injured worker presented with complaints of bilateral shoulder pain, left greater than right. There was no documentation of a significant functional limitation with regard to the right shoulder. There was also no documentation of any recent conservative management for the right shoulder prior to the request for an imaging study. Given the above, the request is not medically appropriate.