

Case Number:	CM15-0039431		
Date Assigned:	03/09/2015	Date of Injury:	06/23/2012
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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:

The injured worker is a 46-year-old male, who sustained an industrial injury on 6/23/12. He has reported neck, back and shoulder pain/injury. The diagnoses have included left rotator cuff syndrome / and left shoulder strain. Treatment to date has included medications, diagnostics and surgery. Surgery has included left shoulder arthroscopy on 9/23/14. Currently, as per the physician progress note dated 1/19/15, the injured worker complains of left shoulder dull and aching pain rated 8/10 on pain scale with medication and 8/10 without medication. The pain is aggravated by reaching overhead and lifting and relieved with rest and medication. He complains of loss of sleep due to pain. Physical exam of the left shoulder revealed tenderness and decreased range of motion due to end range left shoulder pain. The treatment plan was for medications, request for authorization of Magnetic Resonance Angiography (MRA) of the left shoulder, orthopedic evaluation and Magnetic Resonance Imaging (MRI) of the lumbar and cervical spine. Work status was to remain off work until 3/5/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested MRI Arthrogram of the left shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials, and recommends MR arthrogram with specific concerns over labral injuries. The injured worker has left shoulder dull and aching pain and is /sp left shoulder arthroscopy on 9/23/14. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement or evidence of labral tears. The treating physician has documented left shoulder revealed tenderness and decreased range of motion due to end range left shoulder pain. The criteria noted above not having been met, MRI Arthrogram of the left shoulder is not medically necessary.