

Case Number:	CM15-0041281		
Date Assigned:	03/11/2015	Date of Injury:	10/17/2006
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 10/17/2006. He reported neck and arm pain. The injured worker is now diagnosed as having cervical discogenic disease, cervical radiculitis, cervical facet syndrome, status post bilateral carpal tunnel release, and disorder of bursae and tendons in shoulder region. Treatment to date has included cervical MRI, cervical spine surgery, physical therapy, and medications. In a progress note dated 01/19/2015, the injured worker presented at 14 days status post cervical laminoplasty and stated his low back pain and left arm weakness is resolved. The treating physician reported requesting a left shoulder MRI for persistent adhesive capsulitis of the left shoulder and two physical therapy visits for heat, massage, ultrasound, and left shoulder evaluation home exercise program and body mechanics.

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 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Introduction, History and Physical examination.

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

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, MRI of the left shoulder is not medically necessary.