

Case Number:	CM15-0049811		
Date Assigned:	03/23/2015	Date of Injury:	05/31/2007
Decision Date:	12/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56 year old male, who sustained an industrial-work injury on 5-31-07. He reported initial complaints of pain to tailbone, lower and mid back, and bilateral shoulders. The injured worker was diagnosed as having chronic pain syndrome, insomnia, low back pain, depression, GERD (gastroesophageal reflux disease), history of myocardial infarction, and CVA (cerebral vascular accident). Treatment to date has included medication and diagnostics. X-rays were reported on the left shoulder show AC (acromioclavicular) joint spurring greater than the right with decreased left glenohumeral space. Currently, the injured worker complains of pain in the bilateral shoulders reported as an 8 out of 10, left greater than the right and crepitus with deformity of the right upper arm. There is continued severe pain in the low back rated 8 out of 10, and GERD (gastroesophageal reflux disease) symptoms. There is also daytime somnolence due to insomnia. He has not worked since 6-17-2007. Per the primary physician's progress report (PR-2) on 2-2-15, exam noted decreased range of motion on the left shoulder, positive impingement sign, O'Brien's sign, bilateral shoulder tenderness with crepitus and right biceps deformity. His affect is blunted, unable to walk on toes and heels, borderline positive Romberg. The cervical spine has diffuse nonspecific posterior muscle guarding and tenderness, positive axial head compression, and 4 out of 5 upper extremity motor testing. Current plan of care includes diagnostics for sleep study and MRI (magnetic resonance imaging) for shoulders. The Request for Authorization requested service to include MRI (magnetic resonance imaging) of Left Shoulder. The Utilization Review on 2-19-15 denied the request for MRI (magnetic resonance imaging) of Left Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 3rd edition (2011), Volume 3, page 65.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines support the use of MRI when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation reported the worker was experiencing pain in both shoulders, lower back pain, depressed mood, unspecified GERD symptoms, and problems sleeping. Physical examination described limited movement in the shoulders. These records concluded the worker was suffering from internal derangement of both shoulders. There was no discussion suggesting a condition such as those listed above, indicating the worker was a candidate for surgery, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the left shoulder is not medically necessary.