

Case Number:	CM15-0049938		
Date Assigned:	03/23/2015	Date of Injury:	07/30/2010
Decision Date:	05/04/2015	UR Denial Date:	02/10/2015
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, Ohio, California
 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 55 year old male, who sustained an industrial injury on 07/30/2010. Currently, the injured worker complains of left shoulder pain and constant aching, sharp pain in the right shoulder. Current medications included Motrin and Tramadol. Diagnosis included chronic impingement left shoulder bursitis. Treatments have included cortisone injection and medications. Treatment plan included Depo Medrol, Celestone and Lidocaine injection in the left shoulder and MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI), left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, magnetic resonance imaging (MRI).

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

Decision rationale: ACOEM guidelines do not recommend relying primarily on imaging studies to evaluate the source of shoulder symptoms given the risk of false positive findings. At this time the records do not provide a clear differential diagnosis to provide a clinical rationale and clinical decision pathway to support the requested shoulder imaging. As of an orthopedic office note of 1/28/15, range of motion and strength of the left shoulder was essentially normal and impingement findings were negative. The rationale for the requested repeat MRI is not apparent. Therefore this requested study is not medically necessary.