MAXIMUS Federal Services

Case Number:	CM15-0051196		
Date Assigned:	03/27/2015	Date of Injury:	12/31/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 23-year-old male, with a reported date of injury of 12/31/2014. The diagnoses include left shoulder strain and probable subscapular bursitis. Treatments to date have included physical therapy, an x-ray of the left shoulder, and oral medication. The medical report dated 03/04/2015 indicates that the injured worker complained of left shoulder pain with radiation to the elbow. He completed his last physical therapy visit, but had not improved. The injured worker rated his pain 5 out of 10. The objective findings include full range of motion, no acromioclavicular, deltoid, or subacromial tenderness, tenderness over the left rhomboid, and little tenderness in the trapezius and bicipital groove. The treating physician requested an 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) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 208.

Decision rationale: The injured worker sustained a work related injury on 12/31/2014. The medical records provided indicate the diagnosis of left shoulder strain and probable subscapular bursitis. Treatments have included physical therapy and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Magnetic resonance imaging (MRI) of the left shoulder. The records indicate the injured worker has continued to experience shoulder pain despite conservative care that includes physical therapy; the physical examination was essentially normal. The MTUS recommends against imaging studies if it will not change the plan of care. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific.