

Case Number:	CM15-0052791		
Date Assigned:	03/26/2015	Date of Injury:	08/22/1997
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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: Connecticut, California, Virginia
 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 63 year old female, who sustained an industrial injury on 8/22/1997. She reported a fall onto a sprinkler. The injured worker was diagnosed as having chronic cervicalgia and bilateral shoulder pain with left greater than right and bilateral rotator cuff tears with surgical repair and depressive disorder. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 1/6/2015, the injured worker complains of neck and shoulder pain. The treating physician is requesting left shoulder magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI (magnetic resonance imaging) with intra articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

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

Decision rationale: According to the MTUS ACOEM guidelines, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. In this case it appears that the patient is improving with physical therapy, and decreasing need for medications. With improvement in pain and function after conservative treatment, there are not clear indications for consideration of operative intervention, and therefore little support for MR imaging at this time. Therefore, the request for MRI of the left shoulder is not medically necessary at this time.