

Case Number:	CM15-0053174		
Date Assigned:	03/26/2015	Date of Injury:	05/23/2008
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
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: California
 Certification(s)/Specialty: Emergency 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 was a 53 year old male, who sustained an industrial injury, May 23, 2008. The injured worker previously received the following treatments Tylenol #3, right wrist surgery, left carpal tunnel release, Norco, Prilosec and home exercise program. The injured worker was diagnosed with right shoulder impingement syndrome, bursitis, rule out tear, left shoulder impingement syndrome rule out tear, and osteoarthritis of the left acromioclavicular joint, right wrist fusion using dorsal plate in 2009 and status post left carpal tunnel release in 2014. According to progress note of February 19, 2015, the injured workers chief complaint was bilateral shoulder pain. The injured worker was having trouble with repetitive pushing, pulling, lifting, overhead reaching or sleeping on the side at night. The injured worker rated the pain at 6 out of 10 without pain medication and 4-5 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness to palpation over the greater tuberosity and over the acromioclavicular joint in both shoulders and decreased range of motion. The treatment plan included left shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Left Shoulder MRI is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has bilateral shoulder pain. The treating physician has documented tenderness to palpation over the greater tuberosity and over the acromioclavicular joint in both shoulders and decreased range of motion. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, left shoulder MRI is not medically necessary.