

Case Number:	CM15-0056564		
Date Assigned:	04/01/2015	Date of Injury:	08/09/2010
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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 41 year old male with an industrial injury dated August 9, 2010. The injured worker diagnoses include left shoulder rotator cuff tear, left shoulder biceps tendon tear and subscapularis tear, status post left shoulder arthroscopic rotator cuff repair and biceps tenodesis, and left shoulder postoperative adhesive capsulitis. He has been treated with diagnostic studies, magnetic resonance imaging (MRI) of the left shoulder on 5/1/2014, prescribed medications and periodic follow up visits. According to the progress note dated 2/05/2015, the injured worker reported intermittent left shoulder pain radiating to the left side of his neck. Objective findings revealed tenderness to palpitation, hypertonicity and decrease range of motion of the left shoulder. The treating physician prescribed services for MRI of the upper extremity without dye now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints

Page(s): 195-219.

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, or 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 left shoulder pain. The worker had a prior MRI done on 05/01/2014 and treatment with surgery on 08/20/2014. There was no discussion reporting new or worsening symptoms, recording examination findings suspicious for one of the above conditions, reporting the worker was a candidate for repeat 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 without dye is not medically necessary.