

Case Number:	CM15-0057663		
Date Assigned:	04/02/2015	Date of Injury:	09/16/2005
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii

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 57 year old female, who sustained an industrial injury on 9/16/2005. She reported injury after stooping and hitting her right shoulder. The injured worker was diagnosed as having lumbosacral joint ligament sprain, bilateral shoulder sprain, cervical sprain/strain, and low back pain. Treatment to date has included medications, magnetic resonance imaging, and surgery. On 3/11/2015, she reports neck pain, bilateral shoulder pain, sleep disturbance, and depression. She rates her neck pain as 5/10 on a pain scale, right shoulder pain is 5/10, and left shoulder pain is 6/10. She reports crying often, and has a PHQ-9 score of 19. The records indicate she had right shoulder surgery in 2006, and that a post-operative magnetic resonance imaging showed a tear. She declined to have the recommended 2nd right shoulder surgery. The records also indicate she was recommended for left shoulder surgery and declined this based on the results of the right shoulder surgery. The treatment plan included: continue home exercise program, continue transcutaneous electrical nerve stimulation, continue paraffin baths, continue aquatic therapy, request chiropractic treatment, and continue prescribed medications. The records indicate she has declined further magnetic resonance imaging's, and acupuncture. The request is for magnetic resonance imaging of the left shoulder, without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC), Integrated Treatment/Disability Guidelines, Shoulder, Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Magnetic Resonance Imaging (MRI).

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders. The current request is for MRI Left Shoulder without contrast. The treating physician report dated 3/11/15 (12B) notes that the patient was advised for surgery for the left shoulder but she declined due to the results from her right shoulder surgery. The report goes on to state: She declines any further MRI's. MRI reports of the left shoulder from [REDACTED] from 2008 pending. The MTUS guidelines do not address the current request. The ODG guidelines state: Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has had a previous MRI of the left shoulder performed in 2008 and there is no documentation provided that shows the patient has experienced a significant change in symptoms or pathology that would warrant a repeat MRI. Furthermore, it is noted in the report dated 3/11/15, that the patient has declined any further MRI's. Recommendation is for denial. Therefore, the requested medical treatment is not medically necessary.