MAXIMUS Federal Services

Case Number:	CM15-0084372		
Date Assigned:	05/06/2015	Date of Injury:	08/23/2013
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 58 year old male patient who sustained an industrial injury on 08/23/2013. The patient had a significant injury from a fall involving syncope resulting with injury to left shoulder and left knee. Previous diagnostic testing noted the patient having undergone: computerized tomography study of head along with chest angiography study, neurosurgical consultation. He was diagnosed with atraumatic subdural hemorrhage; traumatic cerebral contusion; left fifth digit phalangeal dislocation, status post rehabilitation; multiple operations, and syncope. An orthopedic evaluation dated 12/09/2014 reported the patient with current subjective complaint of low level intermittent left shoulder and left knee pain described a grinding. He reports having run of medications some 5 weeks earlier and with noticeable pain. Objective findings showed left shoulder had satisfactory range of motion, and with minimal restricted abduction; all other motions within normal limits. The left knee showed mild degree of crepitation and low grade tenderness and irritability affected patellofemoral and medial joint line to palpation. The assessment noted: arthritis of knee, degenerative, and disorder of rotator cuff. Relafen was refilled; obtain blood work up and possible further diagnostic testing depending on his progress. The patient is back to full work duty. A more recent follow up visit dated 03/31/2015 reported the patient generally feeling reasonable stable, still having pain in both the left shoulder and left knee described as manageable soreness and progressing with activities to include jogging about a mile daily. Objective findings showed the left shoulder had slight restriction of motion in terminal abduction and internal rotation, having a mild impingement sign, slightly reduced rotator cuff strength affecting predominantly supraspinatus. The left knee

noted mild degree of patellofemoral irritability and tenderness. The diagnosis impingement of shoulder noted added to the treating list. The plan of care involved recommending a re-peat magnetic resonance imaging of left shoulder, and continue with conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: MTUS ACOEM Guidelines provide criteria for special studies, which include: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. In this case, the patient had a previous MRI of the left shoulder on 10/7/2013. There is no documentation in the interim that any criteria have been met for a repeat MRI. Examination findings reveal only a mild restriction of motion of the left shoulder and mild loss of supraspinatus strength. In addition, the patient is reported to not be interested in surgery. Thus, this request for an MRI of the left shoulder is deemed not medically necessary.