

Case Number:	CM15-0084612		
Date Assigned:	05/06/2015	Date of Injury:	12/16/2007
Decision Date:	06/05/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female, who sustained an industrial injury on 12/16/2007. A progress note dated 1/6/15 states that the patient has a history of left shoulder pain status post rotator cuff repair. She was given a left shoulder cortisone shot and PT was request for the shoulder. On provider visit dated 04/02/2015 the injured worker has reported left shoulder pain. On examination the left shoulder revealed pain with range of motion and was limited due to stiffness. Positive tenderness to palpation over the AC joint was noted. No tenderness to palpation over the biceps tendon was noted. The diagnoses have included history of left shoulder rotator cuff tear. Treatment to date has included medication, home exercise program and heat. The provider requested MRI left shoulder for evaluation.

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): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI of the left shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The physical exam findings do not reveal a red flag condition or physical exam findings suggestive of significant change in pathology. There is no evidence of a treatment plan for surgery. It is unclear how this MRI will change the treatment plan. The request for an MRI of the left shoulder is not medically necessary.