

Case Number:	CM15-0088631		
Date Assigned:	05/15/2015	Date of Injury:	12/26/2011
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on December 26, 2011, incurring injuries to the right shoulder, left knee and left foot. Magnetic Resonance Imaging of the right shoulder revealed rotator cuff tendonitis, Magnetic Resonance Imaging of the left knee showed degenerative changes with a meniscus tear and Magnetic Resonance Imaging of the cervical spine revealed multilevel degenerative changes with disc bulging with mild spinal stenosis. Magnetic Resonance Imaging of the right shoulder revealed a mild partial tear. On August 7, 2012, the injured worker had an arthroscopy of the right shoulder, with synovectomy and debridement. She was diagnosed with a left foot sprain, rotator cuff tear, left meniscus tear and right arm radiculopathy. Treatment included physical therapy, ultrasound therapy and pain management. Currently, the injured worker complained of persistent pain to the right shoulder and complained of left shoulder pain aggravated by any motion or movement. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the left shoulder.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI - shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for shoulder pain. She was having bilateral shoulder and knee pain. Physical examination findings included decreased left shoulder range of motion. She had decreased right shoulder range of motion with decreased strength. There was shoulder tenderness bilaterally with effusions. Past treatments had included arthroscopic right shoulder surgery in August 2012. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. Therefore, the requested left shoulder MRI is not medically necessary.