

Case Number:	CM15-0234006		
Date Assigned:	12/04/2015	Date of Injury:	12/24/2012
Decision Date:	01/15/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of December 24, 2012. In a utilization review report dated November 3, 2015, the claims administrator failed to approve a request for shoulder MRI imaging. The claims administrator referenced an October 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 22, 2015 office visit, the claimant was described as having injured his shoulder in a recent fall. The claimant reported an inability to raise his left arm up over his head. The claimant was using a cane to move about, the treating provider reported. The claimant had comorbid diabetes, the treating provider suggested. Significantly limited shoulder range of motion with forward elevation to 100 degrees was reported. 4-5/5 left upper extremity strength was appreciated. The treating provider contended that the claimant had symptomatic rotator cuff tear and suggested that the claimant was potentially a candidate for surgical intervention based on the outcome of the same. The requesting provider was an orthopedic surgeon, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the request for MRI imaging of the shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of large partial-thickness or full-thickness rotator cuff tears. Here, the requesting provider, an orthopedic surgeon, stated on October 22, 2015 that the applicant's presentation was suggestive or evocative of a rotator cuff tear. The requesting provider stated the claimant was likely a candidate for surgical intervention based on the outcome of the same. Moving forward with MRI imaging for what was characterized as preoperative planning purposes was, thus, indicated. Therefore, the request was medically necessary.