

Case Number:	CM13-0051288		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2013
Decision Date:	03/04/2015	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/28/2013

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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:

This 42-year-old male was a warehouse laborer when he sustained an injury on May 13, 2014. The injured worker was pushing a trolley loaded with clothes when the trolley started to fall. The injured worker strained his lower back when he tried to support the trolley. Past treatment included activity modifications, lumbar support, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. The records refer to a prior course of physical therapy, but do not provide specific dates of service or results. Diagnoses included left shoulder sprain/strain with impingement and lumbosacral sprain/strain with possible associated discopathy. On September 9, 2014, the primary treating physician noted continuing left shoulder and lower back pain. The injured worker had been undergoing physical therapy with minimal and short-term relief of his left shoulder and lower back complaints. The physical exam revealed a significantly positive impingement maneuver of the left shoulder with limited range of motion and weakness more so on forward flexion and abduction with mild to moderate resistance. There was limited mobility of the lower back and the straight leg raising test reproduces pain with limited radiation at around 75 degrees horizontal, more on the left side. The physician recommended an MRI of the left shoulder, an MRI of the lumbar spine, extending ZPT, and renewing his medications. Current work status is temporarily totally disabled. On October 2, 2014, Utilization Review non-certified a request for an MRI of the left shoulder requested on Sept 25, 2014. The MRI was modified based on the lack of documentation to indicate plans for surgical intervention based on history and examination findings. There documentation of conservative treatment did not provide specific details of the number sessions of therapy and prescribed medications. The California

Medical Treatment Utilization Schedule (MTUS) ACOEM (American College of Occupational and Environmental Medicine) Guidelines, 2nd edition, 2008, Shoulder Complaints: Summary of Recommendations and Evidence was cited.

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: 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): 209.

Decision rationale: According to ACOEM Practice Guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, the request is not medically necessary.