

Case Number:	CM14-0219348		
Date Assigned:	01/09/2015	Date of Injury:	10/28/2011
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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: Arizona, California

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 49 year old male who sustained a work related injury October 28, 2011. Documentation reveals bilateral wrist, hand, and elbow, and shoulder pain, s/p work injury, mechanism unknown at this writing. According to a physician's report dated December 3, 2014, the injured worker presented with complaints of pain in the shoulder, elbows, neck, upper and lower back all reported as the same. Diagnoses are documented as unspecified derangement of joint of shoulder region, lateral epicondylitis, and displacement of cervical and lumbar intervertebral disc without myelopathy. Treatment plan included requests for TENS unit, MRI of the cervical spine and bilateral shoulders (performed December 8, 2014 and reports present in medical record) and EMG/NCV of the upper extremities, continue chiropractic treatment 2 times per week for 4 weeks, shockwave therapy, and orthopedic and pain management consultations. The MRI of the shoulder showed mild osteoarthritic changes. He was previously considered permanent and stationary by an orthopedic surgeon in 2013. According to utilization review dated December 12, 2014, the request for MRI of Left Shoulder is non-certified citing ACOEM Guidelines Neck and Upper Back Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of left shoulder as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI only showed arthritic changes and there was no plan for surgery. The MRI request of the left shoulder was not medically necessary.