

Case Number:	CM15-0100550		
Date Assigned:	06/03/2015	Date of Injury:	02/14/2012
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, 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:

The injured worker was a 40 year old female, who sustained an industrial injury, February 14, 2012. The injured worker previously received the following treatments 6 sessions of hypnotherapy, psychotherapy, Neurontin and Celebrex. The injured worker was diagnosed with repetitive strain injury, bilateral carpal tunnel syndrome, post release, bilateral wrist tendonitis and trigger finger involving middle and ring finger, thoracic sprain/strain injury, lumbosacral sprain/strain, contusion injury involving thoracic and lumbosacral spine, possible thoracic and lumbosacral disc injury and myofascial pain syndrome. According to progress note of April 23, 2015, the injured workers chief complaint was neck, mid back, and left shoulder. The injured worker continued to have severe pain around the left shoulder and scapular border. The physical exam noted tenderness with palpation of the left shoulder, but the pain was severe around the left a scapular border medially. There was slight tightness around the left rhomboid musculature. The treatment plan included a left shoulder MRI.

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 MTUS 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 MRI of the left shoulder is not medically necessary.