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| Case Number: | CM15-0013670 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 03/10/2011 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male with a reported date of injury of 03/10/2011. The mechanism of injury was related to re-injuring the shoulder while performing a home exercise program. Diagnoses include left shoulder impingement. The documentation provided indicates the injured worker had undergone a left shoulder surgery for biceps tenodesis of unknown date. The latest clinical note was dated 12/11/2014 and noted that the injured worker had chief complaint of left arm pain. At that time, it was noted the injured worker was taking diazepam, Valium, and Ambien. On physical examination of the left shoulder, the injured worker had positive impingement sign and 100 degrees of forward flexion. The injured worker's strength was measured 4/5. It was also noted there was no evidence of atrophy or abnormal movements of the bilateral upper extremities. Under the treatment plan, it was noted the physician was recommending an MRI 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 With and Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: According to American College of Occupational and Environmental Medicine Guidelines, imaging studies are not recommended unless there is emergence of a red flag, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or there is a need for clarification of the anatomy prior to an invasive procedure. The guidelines continue to state that for most patients with shoulder problems, special imaging studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There is a lack of evidence within the documentation that the injured worker had attempted an adequate amount of conservative care to support the necessity of an MRI of the shoulder. In addition, there is no physiological evidence of tissue insult or neurovascular dysfunction, and there is no indication that the injured worker had failed to progress in a strengthening program intended to avoid surgery. Furthermore, there is a lack of evidence that the requested MRI is for clarification of the anatomy prior to invasive procedure. Moreover, there is no rationale provided with this request. Therefore, the request for MRI of the left shoulder with and without contrast is not medically necessary.