

Case Number:	CM15-0016135		
Date Assigned:	02/04/2015	Date of Injury:	02/18/2013
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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 York

Certification(s)/Specialty: Internal 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 is a 62 year old male, who sustained an industrial injury on 2/18/13. He has reported upper back pain. The diagnoses have included persistent bilateral shoulder and neck pains, nonindustrial cerebrovascular accident with mild left hemiparesis, nonindustrial small myocardial infarction and right total knee replacement. Treatment to date has included physical therapy and ibuprofen. Currently, the injured worker complains of ongoing bilateral shoulder pain. Progress note dated 12/2/14 revealed ongoing tenderness to both AC joints of bilateral shoulders. On 1/9/15 Utilization Review non-certified (MRI) magnetic resonance imaging of right shoulder and (MRI) magnetic resonance imaging of left shoulder, noting the submitted records failed to include documentation indicating the injury worker had undergone plain radiograph x-rays of bilateral shoulders. The MTUS, ACOEM Guidelines, was cited. On 1/26/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of right shoulder and (MRI) magnetic resonance imaging of left shoulder.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-203.

Decision rationale: There is no documentation provided necessitating the requested MRI of the left shoulder. The claimant has had complaints of bilateral shoulder pain with evidence of impingement. There is no documentation of a positive drop test, Hawkins or Neer test, consistent with an acute rotator cuff tear. There is no documentation of a shoulder x-ray. Medical necessity for the requested MRI study has not been established. The requested service is not medically necessary.

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-203.

Decision rationale: There is no documentation provided necessitating the requested MRI of the right shoulder. The claimant has had complaints of bilateral shoulder pain with evidence of impingement. There is no documentation of a positive drop test, a positive Hawkins or Neer test, consistent with a rotator cuff tear. There has been no shoulder x-ray obtained. Medical necessity for the requested MRI study has not been established. The requested service is not medically necessary.