

Case Number:	CM15-0017574		
Date Assigned:	02/05/2015	Date of Injury:	07/10/2009
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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, 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:

The following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 59 year old male who sustained a work related injury July 10, 2009. Past history included arthroscopy right shoulder and surgery left shoulder, umbilical hernia surgery, hip and knee surgery. On September 8, 2014, he underwent a left knee arthroscopy, partial medial and lateral meniscectomy and debridement of articular cartilage defects. Post-operative diagnoses are; left knee medial and lateral meniscus tear, medial parameniscus cyst. Articular cartilage defects included patella global grade III, medial femoral condyle global grade III, and lateral tibial plateau global grade III. According to a treating podiatrist report dated September 16, 2014, the injured worker was evaluated for numbness and pain digits 1-4 left foot. Diagnoses documented as left tarsal tunnel syndrome and left exostosis foot. Crutches were dispensed and pending tarsal tunnel release and spur removal. Procedure performed September 23, 2014, and tolerated well. There are no current dated medical records available to correlate with current request. According to utilization review dated December 30, 2014, the request for MRI Left Shoulder with Intraarticular Contrast is non-certified, citing ACOEM and ODG (Official Disability Guidelines), Shoulder: MRI/MRA.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder with intra articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; MRI/MRA

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 with intra articular contrast is not medically necessary.