

Case Number:	CM15-0017909		
Date Assigned:	02/05/2015	Date of Injury:	01/12/2014
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: 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:

This 54-year-old female sustained work-related injury to her neck, low back and left shoulder on 1/12/2014. According to the progress report from the secondary treating physician dated 12/16/2014, the diagnoses include severe cervical spine myoligamentous sprain/strain syndrome and status-post left shoulder arthroscopy and decompression. An MRI of the left shoulder was performed on 5/6/14 that showed non-contributory left supraspinatus tendonosis. The PR2 dated 11/17/14 states she reports severe neck and left shoulder pain and lower back spasms. Previous treatments include medications, surgery and physical therapy. The treating provider requests MRI of the left shoulder prior to another surgery for left shoulder impingement syndrome. The Utilization Review on 12/31/2014 non-certified the request for MRI of the left shoulder, citing CA MTUS guidelines.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

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. The claimant had already undergone left shoulder surgery. An MRI was performed 6 months prior and there was no indication of new injury or exam findings that were inconclusive to necessitate another MRI. The MRI request of the shoulder is not medically necessary.