

Case Number:	CM15-0113260		
Date Assigned:	06/19/2015	Date of Injury:	02/06/2012
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on February 6, 2012. He has reported left shoulder pain and left elbow pain and has been diagnosed with left shoulder pain status post left shoulder surgery, left elbow surgery, and left carpal tunnel syndrome. Treatment included medications, acupuncture, injection, and surgery. The left shoulder examination noted tenderness in the AC joint with decreased range of motion. Impingement test was positive. There was mild tenderness over the lateral epicondyle, which increased with resisted wrist extension. Range of motion was limited in abduction. The treatment request included an MRI without contrast for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder - Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address this issue of repeat shoulder MRI's s/p surgery. ODG Guidelines address this issue and support MRI testing if a re-tear of the rotator cuff is suspected and/or symptoms persist/reoccur. This individual has had extensive conservative care and has increasing discomfort associated with activities. Consistently positive impingement signs are present. A repeat MRI studies is supported by Guidelines and is medically necessary under these circumstances.