

Case Number:	CM15-0120061		
Date Assigned:	06/30/2015	Date of Injury:	12/05/2014
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 42 year old female who sustained an industrial injury on 12/05/14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include x-rays of the thoracic and lumbar spine and left shoulder, as well as nerve conduction studies. Current complaints include spine and left shoulder pain. Current diagnoses include low back pain, wrist/hand/shoulder pain, as well as cervical pain. In a progress note dated 05/27/15 the treating provider reports the plan of care as a TENS unit, physical therapy, medications, and a MRI of the left shoulder. The requested treatments include a 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 of The Left Shoulder as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria noting pain with limited range, but without clear specific evidence of impingement or neurological deficits to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The MRI of The Left Shoulder as Outpatient is not medically necessary and appropriate.