

Case Number:	CM15-0120769		
Date Assigned:	07/01/2015	Date of Injury:	11/30/2005
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
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: Emergency 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 48 year old male, who sustained an industrial injury on 11/30/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder surgery with continued left shoulder pain. Left shoulder x rays were within normal limits. Treatment to date has included surgery, steroid injection and medication management. In a progress note dated 5/13/2015, the injured worker complains of left shoulder pain. Physical examination showed left shoulder tenderness and painful range of motion. The treating physician is requesting left shoulder magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI (magnetic resonance imaging) Left Shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has left shoulder pain. Physical examination showed left shoulder tenderness and painful range of motion. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI (magnetic resonance imaging) left shoulder is not medically necessary.