

Case Number:	CM15-0122985		
Date Assigned:	07/07/2015	Date of Injury:	08/06/2013
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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, Pain Management

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 was a 53 year old male, who sustained an industrial injury, August 6, 2013. The injured worker previously received the following treatments right shoulder arthroscopic surgery February 24, 2014. The injured worker was diagnosed with left shoulder adhesive capsulitis and left frozen shoulder. According to progress note of June 9, 21015, the injured worker's chief complaint was left shoulder pain, stiffness and weakness. The pain was described as constant and sharp. The pain was rated at 5-6 out of 10. The physical exam noted extension of 15 degrees and internal rotation of 5 degrees. There was tenderness of the left clavicular edge. The Neer's impingement testing was positive. The Hawkin's impingement testing was positive. The rotator cuff strength was 4 out of 5. There was residual stiffness in the left shoulder. The treatment plan included left shoulder MRI STAT.

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, Stat: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for repeat shoulder MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, the patient has had a previous MRI but the results or report of this is not available. Additionally, the current requesting provider does not directly comment upon this or state if there is a significant change in pathology. The worker has known frozen shoulder, and has had multiple shoulder surgeries. But there are no signs on exam of acute worsening. Given this, the current request is not medically necessary.