

Case Number:	CM15-0126283		
Date Assigned:	07/10/2015	Date of Injury:	11/06/2014
Decision Date:	08/06/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old male, who sustained an industrial injury on 11/6/14. He has reported initial complaints of left neck, back, left shoulder and left arm pain. The diagnoses have included left shoulder sprain, rule out rotator cuff tear left shoulder and cervical spine sprain. Treatment to date has included medications, activity modifications, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 5/26/15, the injured worker complains of left shoulder pain. The physical exam reveals flexion at 170 degrees, internal rotation at 80 degrees, and external rotation at 80 degrees. The diagnostic testing that was performed included x-ray of the left shoulder and x-ray of the cervical spine that were unremarkable. The current medications included Tramadol and Naproxen. There was no previous therapy sessions noted. The physician requested treatment included a Magnetic Resonance Imaging (MRI) of the left shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left shoulder without contrast: 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): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, MRI of the left shoulder is not medically necessary.