

Case Number:	CM15-0127645		
Date Assigned:	07/14/2015	Date of Injury:	06/24/2013
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, Florida, 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:

This is a 40 year old female with a June 24, 2013 date of injury. A progress note dated May 12, 2015 documents subjective complaints (right shoulder pain; lower back pain with bilateral leg pain), objective findings (tenderness in the paralumbar region; positive straight leg on the right; decreased range of motion of the lumbar spine; decreased range of motion of the right shoulder; positive Hawkins sign for impingement with weakness with abduction testing), and current diagnoses (right shoulder impingement; lumbar strain rule out disc disease). Treatments to date have included magnetic resonance imaging of the lumbar spine (November 4, 2013; showed L5-S1 degenerative disc disease with circumferential disc bulge and central disc protrusion which causes mild central spinal stenosis, and mild bilateral L5-S1 lateral recess narrowing secondary to facet hypertrophy), medications, physical therapy, acupuncture, and three epidural steroid injections. The treating physician documented a plan of care that included a magnetic resonance imaging of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Acute & Chronic, Indications for Imaging - Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: This claimant was injured about three months ago. There is right shoulder pain; low back pain with bilateral leg pain. There is decreased range of motion of the right shoulder; positive Hawkins sign for impingement with weakness with abduction testing, and current diagnoses are right shoulder impingement; lumbar strain rule out disc disease. Treatments to date have included magnetic resonance imaging of the lumbar spine, medications, physical therapy, acupuncture, and three epidural steroid injections. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.