

Case Number:	CM15-0147810		
Date Assigned:	08/10/2015	Date of Injury:	12/11/2014
Decision Date:	10/15/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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, Massachusetts

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 56 year old woman sustained an industrial injury on 12-11-2014 when she was pushed over by wind while crossing the street. Evaluations include right foot x-rays dated 12-23-2014 and 1-12-2015 and left shoulder x-rays dated 1-2-2015. Diagnoses include right foot fracture, left upper arm contusion, and left shoulder strain. Treatment has included oral and topical medications, surgical intervention, physical therapy, and a post-operative shoe. Physician notes dated 3-30-2015 show complaints of right foot pain as well as left arm and shoulder pain. On physical exam, strength is normal and range of motion is nearly full however impingement exams were positive for rotator cuff pathology. Recommendations include continue wearing regular street shoes, increase activity as tolerated, left shoulder MRI, continue home exercise program, ice, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for left upper arm/humerus: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: The IW has persistent left shoulder despite having completed a course of physical therapy. The reported upper arm pain is limited and has improved with conservative treatment. Physical exam of the upper arm distal to the shoulder was normal. Considering improved upper arm symptoms and exam without findings that would suggest surgical intervention, the requested left humerus MRI is not medically necessary.

MRI for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

Decision rationale: The IW has persistent left shoulder despite having completed a course of physical therapy and conservative therapy. Findings on the physical exam are positive for both Neers and Hawkins impingement test, which suggest a rotator cuff pathology, which may require surgical intervention or local steroid injections. Considering improved left shoulder symptoms and exam findings that would suggest surgical intervention, the requested left shoulder MRI is medically necessary.