

Case Number:	CM15-0172094		
Date Assigned:	09/14/2015	Date of Injury:	04/08/2013
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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, New York, 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:

The applicant is a represented 64-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 8, 2013. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for shoulder MRI imaging. The claims administrator referenced an RFA form received on August 11, 2015 in its determination, along with an associated progress note of July 22, 2015. The applicant's attorney subsequently appealed. On said July 22, 2015 progress note, the applicant reported worsening left shoulder pain. The applicant reported difficulty sleeping at night. Bilateral shoulder pain complaints were reported. The applicant was not working as her employer was unable to accommodate a rather proscriptive 10-pound lifting limitation imposed on this date, it was acknowledged. Positive signs of internal impingement about the left shoulder were reported. Weakness about the same was evident. The applicant had undergone an earlier right shoulder total shoulder arthroplasty, right carpal tunnel release surgery, and a right ulnar nerve transposition procedure. The applicant was also given ancillary diagnosis of left shoulder impingement syndrome versus left shoulder rotator cuff tear. MRI imaging of the shoulder was sought for the purposes of excluding a rotator cuff tear. Multiple medications were renewed. The requesting provider was an orthopedic shoulder surgeon. The requesting provider suggested that the applicant follow up upon obtaining said shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI without contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the proposed left shoulder MRI is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of large full-thickness or partial-thickness rotator cuff tears, the latter of which was seemingly present here, the treating provider reported on July 22, 2015. The applicant was described as having worsening left shoulder pain complaints, positive provocative testing, and weakness about the injured shoulder. The requesting provider was a shoulder surgeon, increasing the likelihood that the applicant was acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The applicant had, moreover, undergone multiple prior surgical procedures in the past, including earlier right shoulder surgery. It did appear, thus, that the applicant was intent on acting on the results of the shoulder MRI at issue. Therefore, the request is medically necessary.