

Case Number:	CM15-0172877		
Date Assigned:	09/15/2015	Date of Injury:	02/04/2015
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 injured worker is a 25 year old male, who sustained an industrial injury on 02-04-2015. He has reported subsequent neck, left shoulder and left arm pain and was diagnosed with left shoulder sprain and strain, left shoulder impingement syndrome and left shoulder bursitis. Treatment to date has included oral medication and Cortisone injections. An MRI scan of the left upper extremity dated 03-25-2015 showed intact rotator cuff, no evidence for labral tear and a small effusion of the acromioclavicular joint. In a progress note dated 07-13-2015, the injured worker reported pain and numbness in the left arm and elbow as well as difficulty moving the left arm. The severity of pain was not rated. The physician noted that the injured worker had been seen by a specialist, had MRI's and was told he needed surgery due to impingement and a possible tear. Objective examination findings showed grip strength of 136 on the right and 70 on the left, tenderness and tightness of the left trapezius, pain with forward flexion and abduction of the left shoulder, clicking of the left shoulder, pain behind the back position, positive provocative testing and pain with range of motion of the left elbow laterally, 0 to 90 degrees. The physician noted that x-rays of the cervical spine taken that day showed some decreased cervical lordosis, x-ray of the left elbow was negative and x-ray of the left shoulder showed down sloping of the acromion. The physician noted that the injured worker was unable to engage in regular work as he was very symptomatic. A request for authorization of MRI of the left shoulder was submitted. The narrative actually states that the physician would like a copy of the left shoulder MRI report. He does not appear to be requesting a new repeat MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

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

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

Decision rationale: MTUS Guidelines support shoulder MRI studies for persistent pain unresponsive to conservative care. This individual meets these criteria and has had a left shoulder MRI. The new treating physician narrative actually requests a report of the prior MRI and not a new repeat MRI study. The request for the report of the prior MRI is certainly medically reasonable. The prior Peer Review and appeal appear to have a significant error in that the request is actually for an MRI report and not a repeat MRI. A repeat MRI is not medically necessary.