MAXIMUS Federal Services

Case Number:	CM15-0176112		
Date Assigned:	09/17/2015	Date of Injury:	09/07/2013
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 44 year old male who sustained an industrial injury September 7, 2013, to his cervical, thoracic and lumbar spine, left shoulder and left elbow. Diagnoses are status post left shoulder arthroscopy January 10, 2014; status post left shoulder arthroscopy July 11, 2014; bilateral L5 and L1-2 grade I retrolisthesis in combination with posterior disc protrusion, L2-3 disc protrusion measuring 3mm and L5-S1 grade I retrolisthesis in combination with 7mm disc causing mild to moderate stenosis per MRI lumbar spine as dictated in a qualified medical examination March 20, 2015; cervicalgia; thoracalgia; residuals of left olecranon tip contusion; status post normal MRI of the cervical spine June 8, 2015. According to a primary treating physician's orthopedic evaluation dated July 29, 2015, the injured worker presented with left shoulder pain, rated 9 out of 10. He was administered a corticosteroid injection into the left subacromial space July 16, 2015. He reported several days of pain relief of the left shoulder but also noted swelling at the injection site 3 or 4 days after the injection. He had completed physical therapy for the left shoulder status post surgery July 2014. Objective findings included; left shoulder active range of motion flexion to 80 degrees, extension to 40 degrees, abduction to 90 degrees, adduction to 30 degrees, internal and external rotation to 45 degrees with pain, able to reach 100 degrees passively over the left shoulder, and strength was evaluated 4 out of 5 as he flexed, extended, abducted, adducted the left shoulder against resistance. The physician documented the last MRI of the left shoulder was performed in June 2014. Treatment plan included pending pain and psych evaluations, and at issue, a request for authorization for an MRI of the left shoulder with contrast. According to utilization review dated August 13, 2015, the request for an MRI of the left shoulder with contrast between July 29, 2015 and October 10, 2015 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of left shoulder with contrast: Overturned

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

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. In this case, the claimant did have a rotator cuff tear with MRI and surgery 1 year ago. The claimant had persistent symptoms and limited range of motion. As a result, the request for another MRI is medically necessary.