

Case Number:	CM15-0068223		
Date Assigned:	04/15/2015	Date of Injury:	04/13/2011
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old male, who sustained an industrial injury on 4/13/2011, resulting from a truck accident. The injured worker was diagnosed as having left rotator cuff tear and impingement of shoulder. Treatment to date has included left shoulder rotator cuff surgery on 6/10/2011, left ulna and triangular fibrocartilage complex surgery on 4/19/2012, trigger finger injection, electromyogram and nerve conduction studies left upper extremity on 10/09/2014, left wrist radiographs on 9/24/2014, and medications. Currently, the injured worker complains of left arm numbness, with burning from the lateral elbow to the wrist. Current medications included Hydrocodone with Acetaminophen and Meloxicam. The treatment plan included an updated magnetic resonance imaging of the left shoulder, secondary to weakness and his arm shaking at the end of the work day (work restriction-no lifting over 35 pounds).

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 ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the shoulder status post surgery. The records document a physical exam with burning and numbness but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the left shoulder is not medically indicated. The medical necessity of a shoulder MRI is not substantiated in the records.