

Case Number:	CM15-0069500		
Date Assigned:	04/17/2015	Date of Injury:	02/18/2014
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old female sustained an industrial injury to the neck, back and bilateral shoulders, upper extremities, hips and lower extremities via cumulative trauma from 7/22/13 to 2/18/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, psychiatry evaluation and medications. In a re-examination report dated 11/6/14, the injured worker complained of neck, low back and bilateral shoulder, forearm, elbow, wrist, hand, leg and feet associated with numbness and tingling. The injured worker also complained of trouble sleeping, anxiety and depression. Physical exam was remarkable for bilateral shoulders with stiff, achy and limited range of motion with positive impingement maneuver bilaterally. Current diagnoses included cervical spine sprain/strain, bilateral shoulder impingement syndrome, bilateral medial/lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar spine sprain/strain, bilateral knee sprain/strain, bilateral peroneal tendinitis, psyche complaints and sleep disturbance. The treatment plan included magnetic resonance imaging of the cervical spine, lumbar spine, bilateral shoulders and left ankle, physical therapy for the cervical spine and lumbar spine followed by transition to a home exercise program, performing stretching at home, follow up with psychiatry, dental consultation and medications (Zoloft, Naproxen Sodium, Prilosec and Ultracet).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195 - 220.

Decision rationale: The patient is a 55 year old female with cumulative trauma from 07/23/2013 to 02/18/2014 to neck, back, shoulders, back, hips, upper extremities and lower extremities. She continues to have bilateral shoulder pain and impingement. However, there has been no recent trauma or injury. There is not current change in her clinical status and no red flag signs. The documentation provided for review does not substantiate the medical necessity of a left shoulder MRI. Without progression of disease or a new injury, MTUS, ACOEM guidelines do not support an imaging study, MRI of the shoulder. The request IS NOT medically necessary.