

Case Number:	CM15-0074001		
Date Assigned:	04/24/2015	Date of Injury:	01/31/2013
Decision Date:	05/21/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/17/2015

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, 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:

This is a 65-year-old male patient who sustained an industrial injury on January 31, 2013. The diagnoses include myofascial pain syndrome, chronic lumbar spine strain, chronic knee pain, left rotator cuff syndrome, and right ankle pain status post right knee surgery. He sustained the injury when he slipped and fell. According to the progress note dated 3/16/2015, he had complaints of acute spasm of left trapezius, lumbar spine pain and some numbness of the bilateral legs. Objective findings revealed positive bilateral straight leg raises, decrease sensation in bilateral feet, decrease range of motion of back and left shoulder, decrease strength of left shoulder and positive left trapezius spasm trigger points. Per the doctor's note dated 4/9/2015, he had complaints of left shoulder pain. The physical examination of the left shoulder revealed mild decreased range of motion, tenderness in the left deltoid insertion point, decreased strength in left shoulder adductors, abductors, internal and external rotators and positive impingement sign. The medications list includes fexmid and topical analgesic cream. He has had left shoulder MRI on 4/22/2014 which revealed tendinopathies; supraspinatus full thickness tear and biceps partial thickness tear and degenerative changes. He has undergone right knee surgery on 7/10/2014. He has had physical therapy, acupuncture and shoulder injections and trigger point injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI of left shoulder. Per the ODG guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Per the records provided patient has had left shoulder MRI on 4/22/2014, which revealed tendinopathies; supraspinatus full thickness tear and biceps partial thickness tear and degenerative changes. A significant change in the patient's condition since these diagnostic studies that would require a repeat left shoulder MRI are not specified in the records provided. Response to previous conservative therapy including physical therapy, injection and pharmacotherapy for the left shoulder is not specified in the records provided. The medical necessity of a (repeat) MRI of the left shoulder is not established for this patient.