

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0075022 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 10/04/2013 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on October 4, 2013. The injured worker has been treated for left shoulder and left elbow complaints. The diagnoses have included left shoulder bursitis, left shoulder myofascitis, shoulder internal derangement, left shoulder osteoarthritis and depression. Treatment to date has included medications, radiological studies, physical therapy, electrodiagnostic studies, acupuncture therapy, chiropractic treatments and psychological assessments. Current documentation dated April 6, 2015 notes that the injured worker reported moderate to severe left shoulder pain, depression and lack of energy. Examination of the left shoulder revealed tenderness to palpation of the anterior and posterior shoulder. A supraspinatus press test caused pain. The treating physician's plan of care included a request for an MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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): 207, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for repeat shoulder MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, the patient has had a previous MRI on 9/11/14. A review of the progress note since that time does not indicate any acute intervening injury or sudden change in pathology. Exam findings continue to demonstrate restricted ROM, but no sudden change in pathology. Given this, a repeat MRI study is not medically necessary.