

Case Number:	CM15-0077649		
Date Assigned:	04/29/2015	Date of Injury:	07/27/2014
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 42-year-old female who sustained an industrial injury on 07/27/2014 due to cumulative trauma. Diagnoses include right and left shoulder joint pain. Treatment to date has included medications, modified duty and physical therapy. Diagnostics included MRIs and x-rays. According to the progress notes dated 3/30/15, the IW reported left shoulder pain, rated 3-6/10, radiating down the left arm and right shoulder pain, rated 4-8/10, radiating down the right arm, both with associated numbness, tingling, swelling and spasm. MRI of the right shoulder showed a possible labral tear. A request was made for an MRI of the left shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI when the worker is a surgical candidate, and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, or an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation reported the worker was experiencing pain in the shoulders that went into the arms with numbness and tingling, swelling, and spasm. There was no discussion suggesting a condition such as those listed above, indicating the worker was a candidate for surgery, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the left shoulder without dye is not medically necessary.