

Case Number:	CM15-0078110		
Date Assigned:	04/29/2015	Date of Injury:	05/19/2014
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
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 is a 58 year old female, who sustained an industrial injury on May 19, 2014. She reported neck and right shoulder pain injuries to cumulative trauma. The injured worker was initially diagnosed as having cervical neuritis, cervical sprain/strain, shoulder sprain/strain, and muscle spasms. The injured worker was currently diagnosed as having cervical spondylosis, brachial neuritis unspecified, and radiculitis. Diagnostics studies to date included a MRI of the right shoulder. Treatment to date has included chiropractic therapy and non-steroidal anti-inflammatory medication. On March 2, 2015, the injured worker complains of increased left arm weakness with inability to move it. She went to chiropractic because her left arm was so painful. She uses non-steroidal anti-inflammatory medication twice a day. She continues to work full time. The physical exam revealed difficulty with right cervical spine rotation and overhead range of motion. There was muscle weakness of the right triceps, wrist flexors, and wrist extensors. The biceps and triceps deep tendon reflexes were absent. The upper extremity sensation was intact. The treatment plan includes a cervical MRI. The requested treatment is an MRI of the left shoulder as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the 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 left arm painful weakness. 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 is not medically necessary.