

Case Number:	CM15-0092148		
Date Assigned:	05/18/2015	Date of Injury:	09/27/2013
Decision Date:	07/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, 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:

The injured worker is a 46-year-old male, who sustained an industrial injury on 9/27/2013. He reported falling through a deck. Diagnoses have included left shoulder possible internal derangement, low back pain and bilateral knee pain. Treatment to date was not documented. According to the progress report dated 1/21/2015, the injured worker complained of chronic left shoulder, bilateral knee and back pain. He rated his pain as 7/10. Exam of the left shoulder revealed full range of motion; there were apprehension signs getting to the horizontal. There appeared to be a click and then he could go past it. There was tenderness in the left knee. The injured worker was currently working without restrictions. Authorization was requested for magnetic resonance imaging (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:

MRI of the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. In this case, the claimant did have apprehension, clicking and reduced range of motion. The request in this case is appropriate for concern for labral tear and the MRI is necessary.