

Case Number:	CM15-0092369		
Date Assigned:	05/18/2015	Date of Injury:	12/20/2014
Decision Date:	10/02/2015	UR Denial Date:	05/01/2015
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:

This 53 year old woman sustained an industrial injury on 12-20-2014 due to cumulative trauma. Evaluations include undated x-rays of the cervical spine, thoracic spine, and left shoulder. Diagnoses include cervical radiculopathy, thoracic radiculopathy, left shoulder tendinitis, and status post right shoulder surgery. Treatment has included oral medications and activity modifications. Physician notes from a primary treating physician's initial consultation dated 1-22-2015 show complaints of neck pain and bilateral upper and mid back pain. Recommendations include continue physical therapy, apply heat, Menthoderm, Prilosec, Anaprox, Norflex, chiropractic consultation, left shoulder MRI, cervical spine MRI, small pain fiber nerve conduction studies of the cervical and thoracic spine, electromyogram and nerve conduction studies of the bilateral upper extremities, and functional capacity evaluation.

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: 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): 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. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.