

Case Number:	CM15-0093119		
Date Assigned:	05/20/2015	Date of Injury:	10/16/2014
Decision Date:	08/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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: Emergency 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 35 year old male who sustained an industrial injury on 10-16-14. The mechanism of injury was a fall from approximately 15 feet onto a concrete slab. Diagnoses are musculoligamentous sprain-strain cervical spine, sprain-strain left shoulder, possible internal derangement, musculoligamentous sprain-strain lumbar spine, chronic S1 radiculopathy, sprain-strain left knee, possible internal derangement, and sprain-strain right knee. In an initial report dated 4-6-15, the primary treating physician notes he complains of constant severe sharp pain in the left shoulder with radiating pain down the upper extremity to just below his elbow. Pain is rated at 7 out of 10 with occasional flare ups to 8 out of 10. Pain is increased by rotation, lifting, carrying, pushing, pulling, or overhead reaching. The injured worker notes instability of the shoulder as well as clicking, popping, and grinding sensations. He notes he is awakened from sleep 3-4 times a night due to pain and stress. On 1-13-15, an electrodiagnostic study of the bilateral upper extremities was done and findings were negative. There is pain in the left shoulder with flexion and extension. There is tenderness to pressure at the coracoid process on the left. Previous treatment includes physical therapy, chiropractics, and medication. The physician notes, in view of the persistent symptoms and findings that have not responded to conservative measure, the treatment plan is for an MRI of the left shoulder to rule out impingement syndrome or other pathology, a lumbar spine MRI, and another 6 sessions of physical therapy for the left shoulder and lumbar spine. Work status is to return to work with restrictions. The requested treatment is an outpatient MRI to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI to the left shoulder: Overturned

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): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Progress note dated 5/15 documents signs consistent with potential rotator cuff injury. Patient has been undergoing physical therapy with no significant improvement. The lack of progress and positive findings meets criteria to recommend MRI. MRI of shoulder is medically necessary.