

Case Number:	CM17-0017688		
Date Assigned:	02/01/2017	Date of Injury:	11/04/2016
Decision Date:	02/24/2017	UR Denial Date:	01/05/2017
Priority:	Standard	Application Received:	01/26/2017

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: New York

Certification(s)/Specialty: Internal 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:

This is a 27 year old female with a date of injury on 11-4-2016. A review of the medical records indicates that the injured worker is undergoing treatment for injury of the back and left ankle. Per the progress report dated 12-5-2016, the injured worker was unable to use the left arm normally. The injured worker was working with restrictions. The injured worker had not started physical therapy yet. According to the progress report dated 11-21-2016, the injured worker complained of pain in the left upper and lower back, shoulder and ankle. The injured worker reported difficulty reaching overhead and reaching back. The physical exam (11-21-2016) of the left shoulder revealed tenderness over the scapular. There was limited range of motion above 90 degrees of the left shoulder due to pain. There were muscle spasms over the left side of the cervical and thoracic spine. Treatment has included medication. The request for authorization was dated 12-5-2016. The original Utilization Review (UR) (1-5-2017) denied a request for 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: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Indications for imaging-Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI shoulder.

Decision rationale: The CA MTUS/ACOEM and ODG state that an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, subacute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is no documentation regarding the response to conservative therapy. There is no discussion of surgery or emergence of any red flag findings on exam to warrant an MRI of the left shoulder. Medical necessity for the requested MRI is not established. The requested study is not medically necessary.