

Case Number:	CM13-0006913		
Date Assigned:	06/06/2014	Date of Injury:	08/22/2008
Decision Date:	07/30/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old woman sustained a work-related injury on August 22, 2008. Subsequently, she developed left neck, shoulder, and upper arm pain. Her physical examination dated on July 2, 2013 demonstrated tightness at end ranges of passive shoulder movements. Significant left shoulder pain starting at 90 degrees of active abduction and forward flexion. Shoulder internal rotation to T10 on the right and to L5 on the left. On May 2, 2012, the patient had radiofrequency facet ablation at left L4-5 and L5-S1 with nearly complete resolution of low back pain. The patient has been diagnosed with left rotator cuff syndrome, left neck and upper extremity radicular pain, cervical and lumbar strain, left lumbar facet syndrome post radiofrequency ablations, and lumbar spondylosis and stenosis. Prior treatment included acupuncture, physical therapy, Effexor, Valium, Vicodin, Prilosec, Norco, Flexeril, Relafen, Dendracin cream, home exercises, and Lodine. The provider requested authorization for left shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. There is clinical evidence of neurologic deficit or rotator cuff damage. Therefore MRI of the left shoulder is not medically necessary.