

Case Number:	CM13-0008520		
Date Assigned:	01/31/2014	Date of Injury:	02/17/2009
Decision Date:	06/19/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/07/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker reported a date of injury of 2/17/09. He had the same study on 7/16/12 showing mild tendinitis of the supraspinatus and infraspinatus with intact rotator cuff muscles and tendons. He had labral degeneration and tear and moderate acromioclavicular joint arthrosis with bone spurs impinging on the supraspinatus muscle. He was seen by his primary treating physician on 4/1/3 for complaints of neck pain radiating to left arm, low back pain radiating to left leg and left shoulder pain. His pain had increased but his activity level was the same and he was taking his medications and they were working well. Physical exam of his left shoulder showed restricted flexion to 140 degrees and abduction to 70 degrees. Neer test was positive and he had tenderness to palpation in the acromioclavicular joint biceps groove and subdeltoid bursa. His diagnoses were lumbar radiculopathy, low back pain. Disc disorder-cervical spinal /lumbar DDD, wrist pain-right , sprain of neck and sprain lumbar region. At issue in this request is a left shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT SHOULDER WITHOUT CONTRAST 73221: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6,Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Shoulder Complain. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Shoulder-Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: The request for this injured worker with chronic neck and back pain is for an MRI of the left shoulder without contrast. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. An MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and given his prior history of a 2012 MRI with no rotator cuff pathology, an MRI of the left shoulder is not medically necessary and appropriate.