

Case Number:	CM13-0023475		
Date Assigned:	10/11/2013	Date of Injury:	06/18/2008
Decision Date:	07/25/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational and Environmental Medicine, and is licensed to practice in West Virginia. 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 40 year old female with a 6/18/08 date of injury. She fell at work, hitting the left side of her head, left shoulder, and left pelvis. She was noted to have a MRI of the left shoulder, but the actual report was not in the medical record. The patient was evaluated by two orthopedic surgeons and underwent arthroscopic surgery of the left shoulder of 6/2/11. The orthopedic surgeon confirmed degenerative changes and spurring at the acromioclavicular joint, acromial impingement with rotator cuff, and bursal soft tissues. According to a orthopedic re-evaluation on 1/18/12, the patient had an excellent result from surgery and could return to work in regards to her 2008 injuries. No objective findings (free range of motion and normal neurovascular status) of the left shoulder were noted. On 7/18/12, the patient returned to doctor for subjective sharp pain in the left shoulder and bicep, and stabbing pain in the neck. She was diagnosed with a left shoulder sprain with possible internal derangement and osteoarthritis. Two x-rays showed no acute changes, but pain was noted at 30 degrees with extension rotation objective. The patient was approved for six visits of physical therapy, which were noted as helpful. The patient was discharged from physical therapy with a home therapy program on 8/13/12. It should be noted that the primary care physician ordered additional physical therapy at the time, and was waiting for approval for an MRI with contrast to rule out shoulder derangement. The patient was taking Skelaxin 800 mg. She also takes Aleve and Tylenol as needed.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page(s) 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Per available documentation, this employee has no red flags as described in the ACOEM/MTUS guidelines. Other indicative criteria for shoulder MRI include failure of a strengthening program to prevent surgery, evidence of neurovascular injury, and clarification of anatomy prior to surgery. Further, the Official Disability Guidelines state that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation of significantly worsening symptomology. As such the request for an MRI of the left shoulder is not medically necessary.