

Case Number:	CM13-0027050		
Date Assigned:	06/09/2014	Date of Injury:	10/29/2009
Decision Date:	07/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 is a 56-year-old male who reported an injury on 10/29/2009, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 08/28/2013, the injured worker complained of left shoulder pain. It was noted that the injured worker's prior treatment included physical therapy with minimal improvement. The physical examination of the left shoulder revealed range of motion with forward flexion at 0 degrees to 175 degrees, external rotation at 0 degrees to 45 degrees, and internal rotation to T6. There was a positive Hawkins sign for impingement with weakness and abduction testing. The diagnosis included rule out rotator cuff of the left shoulder. The treatment plan included a request for an MRI of the left shoulder due to new symptoms of pain and weakness.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS/ACOEM Guidelines state that special studies are not needed unless a four to six (4 to 6) weeks period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided red flag conditions are ruled out. The primary criteria for ordering imaging studies are: emergence of a red flag, such as indications of intra-abdominal or cardiac problems presenting as shoulder problems; physiologic evidence of tissue insult or neurovascular dysfunction, such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon; and failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure, such as a full-thickness rotator cuff tear not responding to conservative treatment. There is a lack of documentation of progress or lack thereof with physical therapy. Therefore, the request is not medically necessary.