

Case Number:	CM13-0038960		
Date Assigned:	12/18/2013	Date of Injury:	10/04/2012
Decision Date:	04/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 51 year old female who was hit by a ladder at work on 10/4/12. She sustained injuries to her left elbow, arm and chest. An MRI without contrast on 12/28/12 revealed mild acromioclavicular joint osteoarthritis, along with mild supraspinatus tendinosis and superior labral degeneration and fraying, without any displaced tears noted. MRIs of the left elbow and wrist were essentially negative for acute pathology. On 5/22/13, an exam noted significant pain and some limitation of motion of the left shoulder and pain on palpation of both epicondyles. After being given a subacromial injection on that date, she reported immediate significant improvement in shoulder pain, increased range of motion, and demonstrated a negative cross impingement sign, which had been positive before the shot. Her shoulder pain returned a month later, and she had an abnormal EMG/NCV test. Another left shoulder MRI was requested, but because there had been no significant change in the condition of her shoulder, the request was denied.

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: 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): 208, 214.

Decision rationale: The MTUS states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. Guidelines further outline the following criteria for imaging studies: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). In this case, the record does not indicate any anticipated surgery. Likewise, the patient has had previous MRIs of the shoulder and there has been no significant clinical change. Therefore, the record does not document the medical necessity for a shoulder MRI.