

Case Number:	CM13-0043744		
Date Assigned:	06/09/2014	Date of Injury:	03/18/2011
Decision Date:	07/31/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation 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 31-year-old female who reported an injury on 03/18/2011 of unknown mechanism. She complained of neck and left shoulder pain that was constant, moderate, with burning, numbness, and weakness; rated her pain a 7/10 to 8/10. The clinical findings of the cervical spine were flexion 40 degrees, extension 30 degrees, right rotation 60 degrees, left rotation 60 degrees, right extension 30 degrees, positive compression and distraction, and tenderness. Active range of motion for left shoulder was decreased with sudden sharp pain, positive impingement, and tenderness to palpation of the left deltoid trap. An ultrasound of the left upper extremity dated 05/15/2013 showed partial thickness supraspinatus tear involving less than 50 percent of the tendon, fiber thickness, tendinosis, subscapularis articular surface fraying and tendinosis. She also had an EMG/NCV that was normal. A medical review note dated 05/13/2012 stated she had an MRI (magnetic resonance imaging) done on 06/19/2012 that showed intrasubstance supraspinatus tendon tear, acromioclavicular degenerative joint disease, and subacromial impingement. The injured worker was diagnosed with cervical spine strain, left upper extremity radiculitis, sprain/strains of unspecified sites of shoulder and upper arm. According to note dated 02/04/2014, the patient is on no pain medications. The previous note dated 10/03/2010 stated the patient was on Norco, Fexmed, and Sonata. Her past treatments were oral medications, postoperative physical therapy, chiropractic manipulative therapy, and acupuncture. Some of the documents were illegible. The treatment plan was for MRI for the left shoulder. The Request for Authorization form was not submitted for review. There is no rationale for the request for the MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

Decision rationale: The patient complained of neck pain and left shoulder pain. She had past treatments of postoperative physical therapy, chiropractic manipulative therapy, and acupuncture. According to California Medical Treatment Utilization Schedule/ACOEM, MRIs are not needed unless a 4 week to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering the imaging studies are; the emergence of a red flag, for example, indications of intra-abdominal or cardiac problems, presenting as shoulder problems, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and for the clarification of the anatomy prior to an invasive procedure. There are many illegible documents, and the legible documents do not show clinical or medical necessity for a repeat MRI. Therefore, the request for MRI for the left shoulder is not medically necessary and appropriate.