

Case Number:	CM13-0059992		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2011
Decision Date:	04/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Radiologist and is licensed to practice in Texas. 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 physician 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 39 year old male who reported an injury on 03/14/2011 and 08/01/2013, due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to multiple body parts to include the patient's left upper extremity. The clinical documentation notes that the patient had an MRI and electrodiagnostic study test in 09/2012, and surgical intervention of the left shoulder was recommended. However, the patient wanted to exhaust conservative measures prior to surgical intervention. The patient's most recent clinical evaluation documented the patient had continued left upper extremity pain complaints. Physical findings of the bilateral shoulders documented that the patient had restricted left-sided range of motion described as 150 degrees on flexion, 145 degrees in abduction, 70 degrees in external rotation, and 60 degrees in internal rotation with a painful arc against resisted abduction bilaterally. The patient's diagnoses included lumbar spine strain, left shoulder subacromial impingement syndrome, left medial epicondylitis, cervicothoracic spine strain, left carpal tunnel syndrome, and left cubital tunnel syndrome. The patient's treatment plan included an MRI of the left shoulder, as the patient had evidence of a rotator cuff tear on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested MRI of the left shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging studies for patients who are suspected of a rotator cuff tear that are surgical candidates, as they have failed all conservative measures. The clinical documentation submitted for review does provide evidence that the patient has limited range of motion with a painful arc motion of the left shoulder. However, the clinical documentation submitted for review does not clearly identify what conservative measures have been used to treat the patient's pain. There is no evidence of physical therapy or injection therapy for this patient. Additionally, it is noted that the patient previously underwent an MRI of the left shoulder. The results of that MRI were not provided for review. Also, there does not appear to be a significant change in the patient's clinical presentation to support an additional MRI. As such, the requested MRI of the left shoulder is not medically necessary or appropriate.