

Case Number:	CM13-0066064		
Date Assigned:	01/03/2014	Date of Injury:	08/08/2008
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/16/2013

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 Family Practice 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 patient is a 69-year-old female who reported an injury on 08/08/2008. The mechanism of injury was noted to be a fall. The patient's was diagnosed with left shoulder subacromial impingement syndrome, cervical spine strain, and complaints of depression, anxiety, and sleep disturbance. Her symptoms are noted to include neck pain rated 5/10 to 6/10 and left shoulder pain rated 6/10 with radiation to the left side of the head. Her physical examination findings revealed tenderness to palpation of the left acromioclavicular joint and supraspinatus tendon, positive impingement sign left shoulder, painful range of motion and normal motor strength at 5/5. A treatment plan was noted to include a functional capacity evaluation and an MRI of the left shoulder to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7: Independent Medical Reviews and Evaluations, pg 137-138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE)

Decision rationale: According to the Official Disability Guidelines, a Functional Capacity Evaluation may be recommended prior to admission to work hardening program; or when case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or for injuries that require detailed exploration of the worker's abilities; or when timing is appropriate such as when the patient is close or at maximum medical improvement, or when additional/secondary conditions need to be clarified. The clinical information submitted for review failed to provide details regarding the patient's need for functional capacity evaluation. In the absence of a specific indication for Functional Capacity Evaluation, this service is not supported. As such, the request is non-certified.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

Decision rationale: According to ACOEM Guidelines, special studies of the shoulder are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurological deficit, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. The clinical information submitted for review indicated that the patient had a previous MRI of the left shoulder on 11/14/2012, which revealed tendinosis of the subscapularis and supraspinatus tendons and no evidence for a tear. The clinical information submitted failed to indicate that the patient had significant progressive neurological deficits since her previous MRI to warrant repeat imaging. Additionally, the details of the patient's recent conservative treatment were not provided within the medical records. Further, the documentation did not indicate that there was a plan for surgery or other invasive procedure, which would require imaging. In the absence of documented evidence of progressive neurological deficits, red flag conditions, or a plan for invasive procedure/surgery, the request for repeat MRI of the left shoulder is not supported.