

Case Number:	CM13-0067177		
Date Assigned:	01/08/2014	Date of Injury:	01/18/2012
Decision Date:	12/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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:

This 51 year-old patient sustained an injury on 1/18/12 while putting a box of lettuce away, the patient felt pain in the shoulder and left thumb after preventing the box from falling during employment at [REDACTED]. The request under consideration includes MRI of the left shoulder without contrast. The diagnosis is shoulder/arm sprain. Initial evaluation of 1/18/12 noted intermittent, mild pain in left shoulder. Exam showed tenderness at trapezius and upper extremity muscles and subdeltoid region with full range of motion with diagnosis of shoulder sprain. Brief hand-written illegible report of 11/7/13 noted left shoulder pain. Exam showed positive Hawkins and supraspinatus. Plan is for continued limited work restrictions. X-rays of 11/7/13 showed degenerative findings; otherwise unremarkable. Brief hand-written illegible report of 11/21/13 from the provider noted the patient with chronic ongoing left shoulder pain rated at 10/10. Objective findings only noted "left shoulder?" Treatment includes NSAIDs and physical therapy. The request for MRI of the left shoulder without contrast was non-certified on 12/6/13 citing guidelines criteria and lack of medical necessity.

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: 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): 209.

Decision rationale: The exam is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. ACOEM Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated without impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the left shoulder without contrast is not medically necessary and appropriate.