

Case Number:	CM14-0006605		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2013
Decision Date:	08/05/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 is a 40-year-old male patient with an 8/5/13 date of injury. The 1/8/14 progress report indicates persistent left shoulder complaints. The 12/12/14 progress report indicates worsening left shoulder pain and stiffness. Physically exam demonstrates limited cervical range of motion, left shoulder penetration only 290 degrees, positive impingement signs. Treatment to date has included physical therapy, medication, and activity modification. The patient has also had home exercise. There is documentation of the previous 12/30/13 adverse determination because there was no consideration for surgery, or physical findings. There was no documentation of completion of an adequate trial of physical therapy.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI.

Decision rationale: California MTUS criteria for imaging 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; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient presents with persistent left shoulder pain and limitations in ROM. Physical exam demonstrates positive impingement signs and flexion to 90 degrees only. With almost 4 months past the date of injury and failure of a tendency to improve with conservative care including PT, medication, and home exercise, further diagnostic work-up is indicated. Therefore, the request for MRI of the left shoulder was medically necessary.