

Case Number:	CM14-0011280		
Date Assigned:	02/21/2014	Date of Injury:	08/30/2013
Decision Date:	06/13/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 52 year old male with a reported date of injury on 08/30/2013. The mechanism of injury occurred when the injured worker was lifting and loading onto a truck he fell into a hole between the truck and concrete block. An x-ray report dated 09/19/2013 showed degenerative disc disease to the lumbar spine. The progress note dated 10/04/2013 listed the diagnoses as cervical sprain/strain, shoulder sprain/strain, rotator cuff syndrome, and lumbar sprain/strain. The progress note dated 01/24/2014 reported the injured worker complained of stiffness and spasm of the cervical spine with some radiation to the left shoulder. A physical examination of the shoulder was 150 degrees of forward flexion, 160 degrees of abduction, and positive impingement of 1 and 2 testings. The injured worker has 4/5 rotator cuff strength. The progress note also stated the injured worker was going to physical therapy. The request of authorization form dated 11/11/2013 is for an MRI of the left shoulder to rule out rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER WITHOUT CONTRAST: Overturned

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: The injured worker has undergone at least 10 sessions of physical therapy at the time of the request. ACOEM recommends most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. According to ACOEM the primary criteria for ordering imaging studies are emergence of a red flag (e.g. indications of intra-abdominal or cardiac problems presenting as shoulder pain), physiologic evidence of tissue insults or neurovascular dysfunctions, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker underwent physical therapy and has used medications. The injured worker has positive physical exam findings to include weakness, decreased range of motion, and positive impingement signs. The plain film x-ray was essentially unremarkable. As such, an MRI would be warranted at this time given ongoing symptoms despite conservative care. The MRI will assess underlying pathology. Therefore, the request is medically necessary.