

Case Number:	CM14-0012176		
Date Assigned:	02/21/2014	Date of Injury:	03/13/2003
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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:

The injured worker is a 42-year-old female with a reported date of injury on 03/13/2003. The mechanism of injury was not submitted with the medical records. The progress note dated 02/14/2014 reported the injured worker complained of moderate left shoulder pain with some enhanced discomfort involving the left side of her neck as well as an interval increase to the right elbow pain as well. The physical examination showed moderate tenderness about the left shoulder directly over the bicipital groove. The progress note also stated that there was crepitus with active shoulder motion as well as modest tenderness in the paracervical region on the left side and Spurling's sign was associated with discomfort that radiated in the left arm. The progress note listed diagnoses as cervical radiculopathy, status post C5-6 cervical fusion, status post left carpal tunnel and ulnar nerve compression, status post right carpal tunnel and ulnar nerve compression, persistent left C6 radiculopathy, persistent bilateral median ulnar neuritis, and persistent left thoracic outlet syndrome. The progress note also stated that the request for the MRI of the left shoulder was to be withdrawn. The Request for Authorization Form was not submitted with the medical records. The request for an MRI of the left shoulder was due to the progressive worsening of the tendinopathy.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9, SHOULDER COMPLAINTS,

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

Decision rationale: The request for the MRI of the left shoulder is non-certified. The injured worker does have progressively worsening symptoms of tendinopathy. CA MTUS/ACOEM Guidelines state primary criteria for ordering imaging studies are the emergence of a red flag (indications of intra-abdominal or cardiac problems presenting as shorter problems), physiological evidence of tissue insult or neurovascular dysfunction (cervical root problems presenting as shoulder pain, weakness, masses, rotator cuff tear or the presence of edema, cyanosis, or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. CA MTUS/ACOEM Guidelines recommend an MRI to identify and define shoulder pathology related to impingement syndrome, rotator cuff tear, recurrent dislocation, tumor, or infection. There is a lack of documentation regarding the necessity of an MRI to the left shoulder due to an emergence of a red flag, failure to progress in a strengthening program, or to avoid surgery. Therefore, the request is non-certified.