

Case Number:	CM14-0018347		
Date Assigned:	04/18/2014	Date of Injury:	07/19/2013
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 Family Medicine, has a subspecialty in Pain 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 40-year-old female claimant sustained a work related injury on 7/19/13 involving the neck, low back, and left shoulder. She had a diagnosis of lumbar radiculitis, cervical radiculitis, myofascial pain and chronic pain syndrome. An exam report on 1/3/14 indicated she had intermittent numbness and weakness in the left upper extremity along with 5/10 pain. She uses ibuprofen, amitriptyline and cyclobenzaprine for symptomatic relief. Her exam findings were notable for diffuse tenderness of the left shoulder and decreased range of motion. A prior electromyography (EMG) study showed carpal tunnel syndrome. The treating physician ordered an MRI (magnetic resonance imaging) of the left shoulder to determine the etiology of the pain.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Per MTUS/ACOEM guidelines, a MRI (magnetic resonance imaging) is recommended for evaluation of a rotator cuff tear. It is optional for pre-operative evaluation of small and full thickness tears. It is appropriate for red flag symptoms such as: tumor, infection, dislocation, progressive neurological compromise. According to the clinical notes, there was no indication of any of the above during the examination. As a result, an MRI of the left shoulder is not medically necessary.