

Case Number:	CM14-0019146		
Date Assigned:	04/23/2014	Date of Injury:	06/17/2003
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/14/2014

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 and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 71-year-old male who reported an injury on 06/17/2013. The mechanism of injury was not provided within the medical records. Per the 04/01/2014 clinical note, the injured worker reported physical therapy has significantly improved his core strength and flexibility. The injured worker reported he noticed a great deal of improvement. The injured worker reported he had kept up with his home exercise program since completing his physical therapy. The injured worker reported he only took his medication on an as needed basis. On physical exam, there was no tenderness to palpation, no spasms, and no deformity of the lumbar spine. Active range of motion of the thoracolumbar spine was noted as forward flexion 70 degrees, extension 25 degrees, and lateral bending 30 degrees in either direction. The injured worker was able to heel and toe walk across the exam room without difficulty. There was no evidence of limp or antalgic gait. The injured worker's motor exam was normal in all major muscle groups. The injured worker's prior treatments included diagnostic imaging, surgeries, and medication management. The Request for Authorization Form for an MRI of the left shoulder was not present in the medical record.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM Guidelines state that for 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. Most patients improve quickly, provided red-flag conditions are ruled out. The Official Disability Guidelines (ODG) state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was a lack of documentation of any significant painful symptoms. The injured worker had physical therapy with significant improvement, reporting only taking medication on an as needed basis. There were no subjective complaints noted. The injured worker had a prior MRI. There was no significant change in symptoms and/or findings suggestive of pathology. In addition, there was lack of justification in the documentation for the request. Moreover, a physical exam of the left shoulder was not provided in the documentation to support findings necessitating an MRI. Therefore, the request for MRI of the Left Shoulder without Contrast is not medically necessary.