

Case Number:	CM14-0019186		
Date Assigned:	04/21/2014	Date of Injury:	10/04/2012
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
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 & Rehabilitation 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 50 year old female with a reported date of injury on 10/04/2012. The worker was injured when she was hit by a ladder. The progress note dated 05/05/2014 listed the diagnoses as abdominal pain unspecified site, other bursitis disorders, contusion of elbow, and carpal tunnel syndrome. The physical examination showed the left shoulder's active range of motion was limited to 80 degrees in flexion and abduction. The progress noted also reported a mildly positive cross impingement sign on the left and a negative empty can test on the left. The progress not dated 08/07/2013 reported the injured worker had physical therapy in the past and failed subacromial injections with continued loss of range of motion with pain. The documentation submitted noted a left shoulder MRI was performed on 12/28/2012 which showed mild acromioclavicular joint osteoarthritis, mild supraspinatus tendinosis, and superior labral degeneration, and superior labral degeneration and fraying.

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 rationale: The injured worker had an MRI on 12/28/2012 and failed conservative therapy. According to ACOEM 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 exceptions include persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. ACOEM also states the primary criteria for ordering imaging studies are an emergence of a red flag (e.g. indication of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g. cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon), or failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. There was a consult to an upper extremity physician; however, the results are unknown. There has not been an indication the injured worker is planning to have surgery. It was unclear if the injured worker had significant deficits which would indicate the injured worker's need for the MRI. Therefore, the request for MRI of the left shoulder without contrast is not medically necessary.