

Case Number:	CM14-0120888		
Date Assigned:	09/16/2014	Date of Injury:	09/27/2011
Decision Date:	11/04/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 38 year old female with an injury date of 09/27/11. Based on the 07/14/14 progress report provided by [REDACTED] the patient presents with left shoulder pain. Physical examination to the left shoulder reveals decreased range of motion, especially on abduction 100 degrees. Patient cannot place hand behind back. Diagnosis 07/19/14- sprain/strain of elbow- sprain/strain lumbosacralThe utilization review determination being challenged is dated 07/18/14. The rationale is: "no documentation of surgery is being planned..." [REDACTED] is the requesting provider, and he provided treatment reports from 01/20/14 - 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The patient presents with left shoulder pain. The request is for MRI left shoulder. Physical examination to the left shoulder dated 07/19/14 reveals decreased range of

motion, especially on abduction 100 degrees. Patient cannot place hand behind back. Her diagnosis dated 07/19/14 includes sprain/strain of elbow and sprain/strain lumbosacral. ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies : Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Primary criteria for ordering imaging studies are:- Emergence of a red flag- 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).- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of anatomy prior to an invasive procedure." Review of the reports unfortunately shows that they are incomplete with some missing pages. What is available mostly discuss lumbar spine issues. Given the lack of any discussion regarding the patient's shoulder condition, such as failure of conservative care, any suspicion for labral tear/rotator cuff pathology, and prior X-ray, the request is not medically necessary and appropriate.