

Case Number:	CM14-0120966		
Date Assigned:	08/06/2014	Date of Injury:	11/11/2013
Decision Date:	10/22/2014	UR Denial Date:	06/26/2014
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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 11/11/2013. The mechanism of injury was not provided. The injured worker's diagnoses included left shoulder rotator cuff injury, right shoulder sprain or strain, and chronic left shoulder pain. Her past treatments included acupuncture and medications. There were no diagnostic studies or surgeries noted. On 04/28/2014, the injured worker complained of persistent pain and discomfort in the left shoulder. She reported that she had just tried 6 electro acupuncture treatments and was still symptomatic with pain and discomfort. Upon physical examination, the injured worker as noted to have decreased left shoulder range of motion, positive rotator cuff impingement test of the left shoulder, and motor strength of 5-/5. Her current medications were listed as Mobic, tramadol, and ketoprofen. The request was for an MRI of the left shoulder. The rationale for the request was to be able to find out possible internal derangement of left shoulder versus rotator cuff tear, bursitis, or tendinitis. The request for authorization form was not submitted for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation, Shoulder

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

Decision rationale: The California MTUS/ACOEM Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 4 or 6 week period of conservative care and observation fails to improve symptoms. Routine testing and more specialized imaging studies are not recommended during the first month to 6 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. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function. In older workers these tears are typically treated conservatively at first. The primary criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, and failure to progress in a strengthening program intended to avoid surgery. In this case, the injured worker did complain of persistent pain and discomfort. However, there were no neurological deficits on exam. The injured worker did report that she had tried 6 electro acupuncture treatments and was still symptomatic. The physical examination did not provide significant objective neurological deficits. In the absence of documentation with sufficient evidence of an emergence of a red flag, significant objective neurological deficits, and physiologic evidence of tissue insult or neurovascular dysfunction, the request is not supported. Therefore, the request for an MRI of the left shoulder is not medically necessary.