

Case Number:	CM14-0121382		
Date Assigned:	08/06/2014	Date of Injury:	12/27/2013
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 and is licensed to practice in New Jersey. 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 worker is a 23 year old female who was injured on 12/27/13. She was diagnosed with a neck sprain and left shoulder sprain. She was treated with NSAIDs, joint injection, and chiropractor visits. On 6/3/14, the worker complained of her left shoulder pain to her treating physician which was reportedly improving, although movement of the shoulder (elevation) still caused significant pain. Upon physical examination, there was numbness of both hands, positive Tinel's at elbow and wrist bilaterally, decreased sensation of C6-7 dermatome bilaterally, decreased range of motion, and positive Hawkin's and Neer's tests on the left. No red flag signs were noted. The worker was then given an injection of the left shoulder, and recommended to continue chiropractor visits and get an MRI of the left shoulder.

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.

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

Decision rationale: The MTUS ACOEM Guidelines state that, "Most patients with shoulder problems do not require special studies, such as MRI, unless a four to six week period of conservative care and observation fails to improve symptoms or if red flag symptoms/signs are identified. MRI may also be warranted when there is failure to progress in a strengthening program intended to avoid surgery, and surgery or an invasive procedure is now being considered to clarify anatomy." In the case of this worker, the limited records provided for review made it difficult to gather if the worker had sufficiently attempted conservative treatments before considering MRI of the shoulder. There was no evidence of any red flag symptoms or signs and reportedly she had been improving at least to some extent, suggesting that she may continue to improve without the need of MRI. Therefore, the MRI left shoulder is not medically necessary.