

Case Number:	CM14-0134801		
Date Assigned:	08/27/2014	Date of Injury:	03/28/2012
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

This is a 67 year old female who reported an industrial injury to the left shoulder on 3/28/2012, 2 years ago, attributed to the performance of her customary job duties. The the patient complained of pain and weakness in the left shoulder and arm. The objective findings on examination included palpable tenderness and decreased range of motion and decreased strength; positive impingement test. The patient was previously noted to of had a fractured humerus that was confirmed with x-rays on March 2012. Subsequent to rehabilitation the patient continued to report pain with difficulty using her left upper extremity. The treating physician recommended EMG/NCV of the bilateral upper extremities; MRI left shoulder to rule out rotator cuff tear and prescribed Norco and Ambien. The patient was returned to regular work. The patient was authorized for a consultation with an orthopedic surgeon for the left shoulder. The patient was also referred to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI SCAN OF THE LEFT SHOULDER -- NON-CERTIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: The request for a MRI of the left shoulder was not supported with any objective evidence on physical examination and was not demonstrated to be medically necessary. No rationale for a MRI study of the left shoulder was documented other than the patient was documented with tenderness and reported diminished ROM over two years after the DOI for a fracture humerus. The MRI was ordered before the provision of the authorized PT. There were no objective findings documented on examination to the Left shoulder to meet the requirements recommended by the ACOEM Guidelines or ODG for a MRI of the shoulder. There was no demonstrated intention of surgical intervention and the request is made as a screening study to rule out internal derangement. There were no documented objective findings consistent with internal derangement of the left shoulder. The patient has not met the criteria or period of treatment with conservative care recommended by evidence-based guidelines. There was no noted internal derangement to the Left shoulder and the diagnosis was a shoulder strain. The patient reported having a product from the refrigerator fall onto her left shoulder. The request for the MRI is not made by a surgeon contemplating surgical intervention to the shoulder. There were no current documented objective findings or diagnosis of rotator cuff tear or internal derangement as the request appeared as a screening study. The documented objective findings on examination dated were limited with no findings consistent with internal derangement. The MRI of the Left shoulder is not demonstrated to be medically necessary and has not met the criteria recommended by the ACOEM Guidelines, or the Official Disability Guidelines. The Left shoulder MRI is not supported with a rationale other than a screening study. The provider wishes to evaluate the shoulder for a possible tear; however, there are no objective findings on examination that have either changed or demonstrate possible internal derangement documented for the Left shoulder. The symptoms and objective findings documented are minimal and there is no consideration of surgical intervention to the shoulder. The patient has not been demonstrated to have failed conservative treatment prior to the authorization of a MRI of the shoulder. The provider has not established or documented subjective/objective changes to the physical examination of the left shoulder that meets the recommendations of the CA MTUS, ACOEM Guidelines, or the Official Disability Guidelines for the authorization of shoulder MRIs. There are no demonstrated changes in clinical status related to the shoulder that would support the medical necessity of the left shoulder MRI with anticipation of surgical intervention at this point in time without continued conservative treatment. The patient is not documented to be participating in a self-directed home exercise program. There was not medical necessity for the MRI of the left shoulder.

REFERRAL TO PAIN MANAGEMENT SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM, chapter 6 page 127.

Decision rationale: The request for authorization of the pain management for evaluation and treatment is not supported with objective evidence to support the medical necessity of the request. The patient was noted to left shoulder pain status post fracture to the humerus. There is no provided rationale to support the medical necessity of an evaluation and treatment with pain management. The patient was authorized a referral to an orthopedic surgeon for an evaluation for surgical intervention and as such, the referral to pain management is not medically necessary. There is no objective evidence to support the medical necessity of the referral to a pain management for additional treatment in relation to the diagnosed chronic left shoulder pain. There is no medical necessity for interventional pain management to the shoulder. The patient should be under the care of an orthopedic surgeon.