

Case Number:	CM14-0158581		
Date Assigned:	10/02/2014	Date of Injury:	09/04/2012
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Practice, 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 58 year old female account clerk with a date of injury on 9/4/12. She is followed for the following diagnoses: bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, left thumb trigger and right thumb carpal metacarpal arthritis. She underwent left thumb trigger release on November 12, 2013. The patient was seen on 8/24/14 at which time she felt her condition and symptoms had increased since last visit. She complained of bilateral, intermittent shoulder pain. She reported painful restricted mobility of the shoulder joints. She described neck, upper back, elbow, wrist, and thumb pain. Right shoulder examination revealed tenderness to palpation over the subacromial bursa, lateral deltoid and bilateral rhomboids, positive Neer and Hawkins, and limited and painful range of motion. Left shoulder examination demonstrated tenderness to palpation over the subacromial bursa, left greater than right, lateral deltoid and bilateral rhomboids. Positive testing is carried out with Neer and Hawkins. Range of motion is painful and limited with flexion, extension, abduction, external and internal rotation. It's noted that the patient is working modified duties. It was also noted that she has undergone an ergonomic evaluation. Request was made for left shoulder MRI for diagnostic purposes to rule out rotator cuff tear. Request was also made for 8 sessions of PT to the bilateral shoulders and bilateral elbows. She was prescribed Ultram 50 mg #60 and Lodine XL 400 mg #60. UR dated 9/5/14 certified the request for PT and medications. The request for left shoulder MRI was non-certified. The prior peer reviewer noted that there is no evidence of a massive rotator cuff tear. Further, it did not appear that the patient had failed a therapy program and there was no documentation of possible surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder, determination date 09/05/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 to 209, Chronic Pain Treatment Guidelines shoulder MRI..

Decision rationale: The medical records do not establish red flags that would support the request for advanced imaging studies at this time. The examination report also requested PT for the left shoulder. This request was certified. The request for MR imaging in the absence of attempts at conservative care is not supported. Therefore, the request for left shoulder is not medically necessary.