

Case Number:	CM14-0173925		
Date Assigned:	10/27/2014	Date of Injury:	12/22/2010
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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; 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 23 year old female with an injury date on 12/22/2010. Based on the 09/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic left shoulder pain Degenerative Osteoarthritis 2. Chronic left shoulder pain Myofascial pain Syndrome 3. Insomnia Persistent due to chronic pain. According to this report, the patient complains of "left shoulder pain due to degenerative osteoarthritis." Patient "has partial pain relief with her current analgesic medicine." Medications "help her maximize her level of physical function and improve her quality of life." There were no subjective or objective findings in this report for review. There were no subjective or objective findings in the 08/15/2014 and 07/10/2014 reports. The 04/03/2014 report indicates pain is "made worse with overhead reaching." Exam of the left shoulder reveals positive impingement sign and adduction sign. Range of motion is restricted. Tenderness to palpation is noted over the anterior aspect of the shoulder. "Radiography of the shoulder were ordered, obtained, and interpreted today. They demonstrate no evidence of fracture or dislocation." X-ray report was not included in the file for review."Corticosteroid injection into the left shoulder was administered today."There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/23/2014 to 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (updated 08/27/14), Magnetic Resonance Imaging (MRI)

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 chapter, MRI

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with "left shoulder pain due to degenerative osteoarthritis." The treater is requesting MRI (Magnetic Resonance Imaging) of the left shoulder to evaluate impingement syndrome. ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies : 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)." Furthermore, ODG guidelines states "Recommended" with indications of acute shoulder trauma; suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; sub-acute shoulder pain; and suspect instability/labral tear. Review of reports does not show evidence of prior MRI of the left shoulder. In this case, the patient has shoulder pain with tenderness and normal plain radiographs. The patient has failed conservative care with persistent pain and reduced range of motion. There does appear to be some suspicion for internal derangement and an investigation with an MRI appears medically reasonable therefore request is medically necessary.