

Case Number:	CM14-0192218		
Date Assigned:	11/25/2014	Date of Injury:	04/10/2013
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 York and 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 injured worker is a 44-year-old female who was injured on 4/10/13 due to cumulative trauma. The patient complained of left shoulder pain and lumbar pain. On exam, the patient has a tender left acromioclavicular joint, left trapezius muscle, muscle spasm of the left trapezius muscle, but full range of motion of the left shoulder and negative rotator cuff maneuvers. She had normal sensation and reflexes of the upper extremities. Thoracic spine x-rays showed mild degenerative disc disease and x-rays of the lumbar spine, left shoulder and right shoulder were unremarkable. She was diagnosed with lumbar and left shoulder sprain/strain, and lumbar radiculitis. She was documented to have the diagnosis of bilateral shoulder impingement syndrome. Physical therapy provided temporary relief of her right shoulder pain but no relief for her low back pain. Her medications included Anaprox, Robaxin, Ibuprofen, Naproxen, and Methocarbamol. The request is for 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition: http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html and the Official Disability Duration Guidelines, Treatment In Workers Compensation, 2014 web-based edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI

Decision rationale: The request is considered not medically necessary. Because MTUS does not address shoulder MRIs, ODG guidelines were used. ODG states that a shoulder MRI is indicated for acute shoulder trauma, rotator cuff tear/impingement, or if instability and labral tears were suspected. In her most recent progress notes, there is no documentation of significant progression of exam findings or symptoms that would require additional imaging. She had tenderness but full range of motion and negative rotator cuff maneuvers. MRI is not recommended unless symptoms and findings suggest significant pathology. Therefore, the request is not medically necessary.