

Case Number:	CM14-0024679		
Date Assigned:	06/13/2014	Date of Injury:	07/27/2011
Decision Date:	07/31/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 40 year-old-female who sustained a work related injury on 07/27/2011 as a result of a fall in which she injured her left shoulder, neck, upper and lower back while carrying a container of grapes weighing approximately 35 pounds when she slipped and fell, landing in a seated position. Since then, the patient has complained of neck, upper and lower back and left shoulder pain. According to the patient chiropractor as of January 17, 2014, the patient's neck pain radiates to both shoulders and left upper extremity, which prolonged flexion and extension of her neck exacerbates, her symptoms, while being alleviated with rest and that her pain is 6-8/10 on the 1 to 10 pain scale. Her left shoulder pain is exacerbated by heavy and repetitive use of her left upper extremity, overhead reaching; heavy lifting, pushing and pulling while improved with rest and over-the-counter medication with her pain rated as 8/10. Regarding her upper and lower back pain; it is constant, severe in intensity that radiates into her left lower extremity. This is exacerbated by prolonged sitting, driving, standing, heavy lifting, and pushing, pulling, bending, stooping or abrupt movements of her back. While it is improved with hot showering and over-the-counter pain medication, her pain is rated as 9/10 in intensity. All of this makes activities of daily living difficult. On examination, the patient has decreased cervical (extension, bilateral rotation and side bending) and left shoulder (extension, adduction and internal / external rotation). In the cervical region, a positive Jackson and compression provocative test was elicited, while the left shoulder demonstrated a positive Apprehension, Neer's and Hawkins's Signs and gross exam revealed tenderness upon palpation of the anterolateral aspect of the left shoulder, where crepitus was elicited upon active and passive end range of motion. An MRI of the left shoulder dated October 17, 2012 states: Impression: Unremarkable MRI of the shoulder. The patient was evaluated by an orthopedic surgeon on December 18, 2013. His findings are in stark contrast to those listed above. The pain reported by the patient is a great deal lessened (1-

2/10 for both the cervical spinal and left shoulder), he found no impingement or Orthopedic provocative findings at either the cervical or left shoulder, aside from 'slight palpable tenderness over the cervical paravertebral muscles bilaterally'. The only positive findings include 'minimal palpable tenderness on the right trapezius muscle and left axillary over the pectoris major'. It is also documented regarding his examination of the patient's left shoulder that she had full active range of motion equally to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LEFT SHOULDER WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Radiology appropriateness criteria.

Decision rationale: Shoulder MRI is indicated for rotator cuff tendon abnormalities, disorders of the long head of biceps, conditions affecting the thoracic outlet, acromioclavicular and sternoclavicular joints, the ligamentous apparatus of the entire shoulder girdle, intra-articular bodies, infections of the soft tissue, joint and bone, synovial disorders and vascular conditions. Additionally, the patient is with recurrent, residual, or new symptoms following shoulder surgery. As the patient has no indefinable physical exam findings when examined by a Board Certified Orthopedic Surgeon one month prior to the Utilization request, the requested left shoulder MRI is not medically necessary.