

Case Number:	CM14-0025567		
Date Assigned:	07/18/2014	Date of Injury:	07/23/2013
Decision Date:	09/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational 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 53 year old male with a 7/23/13 date of injury. While stepping down from a machine, he struck his left shoulder and left hip with a valve. A progress report dated 1/15/14 noted subjective complaints of 6/10 left shoulder pain. The pain is aggravated by movement and usage. There is radiating numbness and tingling to his hands. Objective findings included left shoulder decreased rotator cuff strength and decreased range of motion. Diagnostic Impression: Disorder of bursa and tendon in the shoulder region. Treatment to Date: Medication management A UR decision dated 1/31/14 denied the request for left shoulder MRI without contrast. The patient does not have any red flag signs such as possible fracture, infection or tumor. The records provided do not indicated that surgical interventions are being considered. The response to a reasonable trial of conservative measures for the left shoulder is not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upper extremity w/o dye: 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): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI.

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. Guidelines also recommend MRI in acute shoulder trauma with suspected rotator cuff tear/impingement. Patients should have had normal plain radiographs. Also, MRI can be considered in situations of subacute shoulder pain with suspicion of instability/labral tear. However, in review of the documents provided for review, there is no documented neurological dysfunction in the left shoulder region. There is no mention of a plan for invasive procedure or surgery. Additionally, in this case of subacute shoulder pain and trauma, there is no documentation worrisome for joint instability or labral tear. Furthermore, there is also no provided report of shoulder plain radiographs available for review. It is unclear how a shoulder MRI would be of benefit. Therefore, the request for MRI joint upper extremity w/o dye was not medically necessary.