

Case Number:	CM14-0043728		
Date Assigned:	07/02/2014	Date of Injury:	06/08/2012
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice Ohio and Texas. 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 51-year-old female who reported an injury on 06/08/2012. The mechanism of injury was not provided. On 10/31/2013, the injured worker presented with complaints of cervical, thoracic, and lumbar pain. She also complained of pain in the bilateral shoulders. The diagnoses were lumbar cervicgia, typical non-allopathic lesions, cervical muscle spasm, sacroiliitis, and right shoulder tenosynovitis, rule out derangement, and left shoulder tenosynovitis. Examination of the left shoulder revealed decreased range of motion with significant pain and tenderness to palpation over the supraspinatus, deltoids, AC joints, and acromial process. Prior treatment included medications. The provider recommended an MRI for the left shoulder. The provider stated that the last MRI was over a year ago, and that the patient reported gradual and progressive deterioration of the left shoulder. The request for authorization form was dated 10/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

Decision rationale: The request for an MRI of the left shoulder is not medically necessary. The California MTUS/ACOEM Guidelines state that for most injured workers with shoulder problems, special studies are not needed unless a 4-6 period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include an emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of an anatomy prior to a recent procedure. The included medical documentation lacked evidence of the injured worker's participation in a strengthening program intended to avoid surgery and failure to respond to conservative treatment to include medication and physical therapy. Additionally, there is no emergence of a red flag indicated in the physical examination. Therefore, the request is not medically necessary.