

Case Number:	CM14-0043772		
Date Assigned:	07/02/2014	Date of Injury:	10/25/2002
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
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 and Rehabilitation 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 injured worker is a 58 year-old woman with history of neck and shoulder pain, bilateral carpal tunnel syndrome s/p bilateral carpal tunnel release, and bilateral ulnar nerve transposition. Treatment has consisted of surgery, chiropractic, physical therapy and pain management. The most recent AME report stated that the injured worker had no therapy for her shoulder but was given a rubber band for home exercises. Prior notes state that she does not want further surgery at this time. The most recent exam provided for 3/18/2014 showed left shoulder flexion 130, adduction 90, positive Hawkins and Neers. Diagnoses: Cervical disc bulge, Right shoulder SLAP, Bilateral CTS status post bilateral CTR (carpal tunnel release), Bilateral ulnar nerve transpositions and Left shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial left shoulder MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck and Upper Back Chapter, Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation ODG Shoulder Chapter.

Decision rationale: There is no record that the injured worker received any conservative care to her left shoulder. The medical records state the injured worker does not wish to receive more surgery at this time. However, the injured worker did exhibit an unexplained physical finding of decreased range of motion for a period greater than 4 weeks. The range of motion on 2/12/2014 and 3/18/2014 were decreased from her permanent and stationary examination. This fulfills the criteria from the ACOEM guidelines for a left shoulder MRI to clarify the diagnosis and to justify reconditioning. The request for left shoulder MRI is medically necessary and should be approved.