

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0053990 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 05/17/2005 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Anesthesiology and Pain 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:

The injured worker is a 66 year old female who sustained an injury to her left shoulder on 05/17/05 when her foot was caught under the mat and it threw her to the floor. She came down on her left shoulder and injured it along with her neck, back, left hip, and knee. Magnetic resonance image and computed tomography scans of the left shoulder were performed. She received a cervical spine injection that provided no relief and has attended physical therapy/exercises. She also uses a transcutaneous electrical nerve stimulation unit as an adjunct to conservative treatment. The injured worker continued to complain of pain in the neck, upper back, and left shoulder with radiation to the arm. The injured worker stated that her pain is associated with tingling/numbness in the arms, left hand, as well as weakness. She stated that her left shoulder somewhat always hurts with range of motion and strength. The injured worker rated her pain at 9.5/10 visual analog scale. Physical examination noted left shoulder range of motion forward flexion 70 degrees, abduction 80 degrees, external rotation 30 degrees, internal rotation 40 degrees, and extension 10 degrees; tenderness to palpation over the posterior aspect of the shoulder; positive Hawkins' test, drop arm test, and crossed arm adduction test; positive Jorgensen's testing; normal strength; diminished sensation in the left C7 and C8 dermatomes of the bilateral upper extremities; deep tendon reflexes 2+/4 in the bilateral upper extremities. Magnetic resonance image of the left shoulder 03/01/06 was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Shoulder Chapter.

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

Decision rationale: The request for magnetic resonance image (MRI) of the left shoulder is not medically necessary. Furthermore, while the injured worker has noted limited range of motion in the shoulder with positive Hawkins' and positive drop arm tests, notes detail a prior left shoulder MRI from 2006 which indicated a normal scan. Additionally, there was no clear indication in the notes as to how the requested MRI would alter the current treatment plan for the injured worker. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the left shoulder is not indicated as medically necessary.