MAXIMUS Federal Services

Case Number:	CM14-0054130		
Date Assigned:	07/07/2014	Date of Injury:	01/15/1998
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/23/2014

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:

The injured worker is a male with date of injury 1/15/1998. Per progress report dated 3/5/2014.The injured worker reports that the pain is under better control with his medications, but he is still experiencing a lot of shoulder discomfort in both shoulders but more on the left. He feels that the home stretching and strengthening exercises that he has been doing are insufficient and he does not note any improvement. He wishes to discuss his MRI x-rays today. His mood is okay. He feels less depressed. Low back pain with sciatica is persistent. On examination the injured worker was pleasant and interacting appropriately. He does have positive Hawkins sign bilaterally. He does have positive lift-off sign on the left shoulder and other positive test significant for rotator cuff arthropathy on the left shoulder, including a positive Neer's sign. There is no AC joint tenderness, but there is tenderness of the left biceps tendon, as well as the left levator scapulae. He has full strength throughout. The right is greater than the left cervical paraspinal muscle spasm. Reflexes are 2+ at the arms, 1+ at the knees, and trace at the ankles. Lumbar paraspinal muscle spasm is present. Diagnoses include 1) cervical spondylosis worse at C5-6, 2) left rotator cuff arthropathy 3) left and right shoulder impingement 4) levator scapulae syndrome 5) cervical neural foraminal stenosis 6) lumbago with sciatica 7) L5 radiculopathy 8) major depressive disorder 9) generalized anxiety disorder 10) mild carpal tunnel syndrome on the left 11) coronary artery disease, status post myocardial infarction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209..

Decision rationale: The claims administrator reports that he did peer to peer conversation with the requesting physician, and although he has positive impingement sign on the shoulder, there are no functional deficits in the shoulders or the cervical spine, or any neurological findings. The MRI is not expected to alter the injured worker's treatment. Progress note dated 6/5/2014 acknowledges the denial of the MRI to the left shoulder. The treatment plan includes continue to do range of motion exercises on the shoulder and neck, we need to avoid frozen shoulder here, he is also showing a little bit of signs of impingement.The injured worker is noted to have been injured 16 years ago, and there have been no injections or imaging to the left shoulder previously. The injured employee however presents with left shoulder impingement signs. Since there is no acute trauma identified, this is likely a degenerative disorder without red flags, affecting the rotator cuff as stated by the requesting physician. The cited guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff, degenerative changes or exacerbations from repeated overhead work. MRI is only recommended for acute injuries, full-thickness tears of the rotator cuff, or labral tears. The request for MRI of the left shoulder, as an outpatient, is determined to not be medically necessary.