

Case Number:	CM14-0056425		
Date Assigned:	07/09/2014	Date of Injury:	09/16/2012
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family 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 51 year old patient who reported an industrial injury to the right shoulder on 9/16/2012, almost two years ago, attributed to the performance of his job tasks. The patient was treated conservatively. The patient was noted to have had a prior arthroscopy to the right shoulder during 2009. The patient to have arthroscopy and SAD to the right shoulder on 4/24/14. The patient complained of left shoulder pain. The patient was being treated with pain management and the orthopedic surgeon. The orthopedic surgeon diagnosed persistent impingement, rotator cuff tendinopathy and CA joint arthritis. The treatment recommendations included arthroscopy; Mumfor procedure; and possible rotator cuff repair on the right. The orthopedic surgeon had evaluated the left shoulder and recommended PT and a corticosteroid injection. The objective findings to the left shoulder were limited to TTP to the anterior aspect of the joint; supraspinatus testing reproduces pain. The treatment plan by pain management included a MRI of the left shoulder and six sessions of PT. Six sessions of PT were authorized.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary.

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

Decision rationale: The request for a MRI of the left shoulder was not supported with any objective evidence on physical examination and was not demonstrated to be medically necessary. No rationale for a MRI study of the left shoulder was documented other than the patient was documented with tenderness and reported diminished ROM. The MRI was ordered by pain management whereas, the Orthopedic surgeon recommended conservative treatment. The MRI was ordered before the provision of the authorized PT. There were no objective findings documented on examination to the Left shoulder to meet the requirements recommended by the ACOEM Guidelines or ODG for a MRI of the shoulder. There was no demonstrated intention of surgical intervention and the request is made as a screening study to rule out internal derangement. The patient has not met the criteria or period of treatment with conservative care recommended by evidence based guidelines. There was no noted internal derangement to the Left shoulder and the diagnosis was a shoulder strain. The patient reported having a product from the refrigerator fall onto her left shoulder. The request for the MRI is not made by a surgeon contemplating surgical intervention to the shoulder. There were no current documented objective findings or diagnosis of rotator cuff tear or internal derangement as the request appeared as a screening study. The documented objective findings on examination dated were limited with no findings consistent with internal derangement. The patient was documented to be scheduled for arthroscopy SAD to the right shoulder. The MRI of the Left shoulder is not demonstrated to be medically necessary and has not met the criteria recommended by the ACOEM Guidelines; or the Official Disability Guidelines. The Left shoulder MRI is not supported with a rationale other than a screening study. The provider wishes to evaluate the shoulder for a possible tear; however there are no objective findings on examination that have either changed or demonstrate possible internal derangement documented for the Left shoulder. The symptoms and objective findings documented are minimal and there is no consideration of surgical intervention to the shoulder. The patient has not been demonstrated to have failed conservative treatment prior to the authorization of a MRI of the shoulder. The provider has not established or documented subjective/objective changes to the physical examination of the left shoulder that meets the recommendations of the CA MTUS; ACOEM Guidelines or the Official Disability Guidelines for the authorization of shoulder MRIs. There are no demonstrated changes in clinical status related to the shoulder that would support the medical necessity of the left shoulder MRI with anticipation of surgical intervention at this point in time without continued conservative treatment. The patient is not documented to be participating in a self directed home exercise program. There was not medical necessity for the MRI of the left shoulder.