

Case Number:	CM14-0065233		
Date Assigned:	07/11/2014	Date of Injury:	02/17/2007
Decision Date:	09/09/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency 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 62 year-old female, who sustained an injury on February 17, 2007. The mechanism of injury occurred when she slipped, lost her balance and fell. Diagnostics have included: May 28, 2013 cervical spine MRI. Treatments have included: medications, anterior cervical discectomy/fusion November 5, 2013, physical therapy, lumbar epidural steroid injection. The current diagnoses are: cervical disc disease, left upper extremity radiculopathy, lumbosacral spondylosis, left knee internal derangement, left elbow sprain, s/p anterior cervical discectomy/fusion November 5, 2013, rule out left shoulder internal derangement. The stated purpose of the request for MRI of the Left Shoulder was to rule out internal derangement. The request for MRI of the Left Shoulder was denied on April 21, 2014, citing that the injured worker's symptoms do not meet guideline criteria for an MRI of the shoulder. Per the report dated April 9, 2014, the treating physician noted complaints of pain to the neck and left shoulder. Exam findings included left shoulder tenderness at the left upper trapezius and acromioclavicular joint and subacromial bursa. There was pain elicited with internal rotation and positive Neer and Hawkins signs.

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.

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

Decision rationale: The requested MRI of the Left Shoulder, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), 7/18/ 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials and "failure to progress in a strengthening program." The injured worker has pain to the neck and left shoulder. The treating physician has documented left shoulder tenderness at the left upper trapezius and acromioclavicular joint and subacromial bursa. There was pain elicited with internal rotation and positive Neer and Hawkins signs. These are positive exam findings potentially indicative of internal derangement of the shoulder joint. However, the treating physician has not documented physical therapy trials nor failure to progress from a structured strengthening program. The criteria noted above not having been met, MRI of the Left Shoulder is not medically necessary.