

Case Number:	CM14-0070162		
Date Assigned:	07/14/2014	Date of Injury:	02/15/2012
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/15/2014

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 52 year old female patient who reported an industrial injury on 2/25/2012, 2 years ago, attributed to the performance of customary job tasks reported as the cumulative trauma of working the regular duties of a certified nursing assistant. The patient complains of pain, weakness, and numbness in the arms, back, hands, legs, and shoulders. The objective findings on examination directed to the shoulders included tenderness over the bilateral shoulders, shoulder girdles, rotator cuffs; strength not tested; impingement sign positive bilaterally; flexion 150, abduction 150, internal rotation 60. The diagnoses were affliction of shoulder region; lateral epicondylitis; cervical spine sprain/strain; lumbar spine sprain/strain. The patient was prescribed an MRI of the left shoulder and an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right 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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: The request for an MRI of the right shoulder was not supported by any objective evidence on physical examination and was not demonstrated to be medically necessary. No rationale for a MRI study of the right shoulder was documented other than the patient was documented with tenderness and reported diminished ROM. The MRI was ordered by pain management and not an orthopedic surgeon contemplating surgical intervention. The MRI was ordered before the provision of conservative care to the shoulder. There were no objective findings documented on examination of the right shoulder to meet the requirements recommended by the ACOEM Guidelines or ODG for an 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 Right shoulder and the diagnosis was a shoulder strain. The patient reported having a product from the refrigerator fall onto her right 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 MRI of the Right 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 Right 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 Right 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 right 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 right 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 right shoulder.

MRI 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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: The request for an MRI of the left shoulder was not supported by 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 and not an orthopedic surgeon contemplating surgical intervention to the shoulder. 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. 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 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 an 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.