

Case Number:	CM14-0072908		
Date Assigned:	07/16/2014	Date of Injury:	01/01/2014
Decision Date:	11/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine & Rehabilitation 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 57-year-old female who reported an injury on 01/01/2014. The injured worker's job duties included separating clothing in the fitting room [REDACTED]. The injured worker stated while she was separating the clothes she felt left shoulder, left elbow, left arm, and back pain. The injured worker's treatment history included x-rays of the left shoulder and medications. The injured worker had undergone an x-ray study of the left shoulder on 03/03/2014 that revealed no acute fracture was identified. The alignment was normal; very mild bony degenerative changes at the acromioclavicular and glenohumeral joints. No significant soft tissue abnormality was identified. The injured worker was evaluated on 05/23/2014 and it was documented the injured worker complained of left shoulder pain that was worse with movement and with limited range of motion. Pain was rated at 8/10 to 9/10 on the pain scale. Physical examination of the shoulders revealed no redness swelling, ecchymosis, gross deformity, or atrophy noted. There was tenderness over the bilateral shoulders. Range of motion in flexion was limited to 90 degrees and extension was limited to 90 degrees on the left side. Sensation was intact in the upper extremity. DTRs are intact in the upper extremity. The diagnoses included left thumb intrinsic muscle strength, initial left shoulder joint pain, and left elbow joint pain. The Request for Authorization was not submitted for this review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX: www.odg-twc.com: section: Shoulder (Acute and Chronic) updated 3/31/14.

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

Decision rationale: The request for Magnetic Resonance Imaging of left shoulder is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Imaging studies may be considered for a patient whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. The documents that were submitted on 03/04/2014 indicated the injured worker had an x-ray of her left shoulder that revealed acute fracture was identified. The alignment was normal; very mild bony degenerative changes at the acromioclavicular and glenohumeral joints. No significant soft tissue abnormality was identified. Furthermore, there is no red flag of any surgery procedure or neurovascular dysfunction of left shoulder to warrant an MRI study. As such, the request for MRI of the left shoulder is not medically necessary.