

Case Number:	CM14-0079186		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2013
Decision Date:	09/10/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 36 year old male with date of injury 4/2/2013. The mechanism of injury is stated as jumping out of the way of a car and hurting his shoulder. The patient has complained of left shoulder pain since the date of injury. He has been treated with arthroscopic surgery in 11/2013 consisting of a posterior labral debridement and perilabral cyst resection. He has also been treated with steroid injection, physical therapy and medications. There are no radiographic reports included for review. Objective: left shoulder: weak lift off 4/5 (noted improved from prior visit), weak external rotation 4/5 (noted improved from prior visit), tender AC joint. Diagnoses: muscle weakness, labral tear repair, injury of nerve/shoulder/arm. Treatment plan and request: MRI cervical spine, MRI arthrogram of the left shoulder, EMG/NCV left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: This 36 year old male has complained of left shoulder pain since date of injury 4/2/2013. He has been treated with arthroscopic surgery in 11/2013 consisting of a posterior labral debridement and paralabral cyst resection as well as steroid injection, physical therapy and medications. The current request is for MRI of the cervical spine. The available provider notes do not include any documentation of patient symptomatology, physical exam or rationale which supports the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. Per the most recent provider notes, the patient has actually improved in range of motion of the shoulder and in motor strength. On the basis of this lack of documentation and the MTUS guidelines cited above, MRI of the cervical spine is not medically necessary.

MRI Arthrogram 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): 208, 214.

Decision rationale: This 36 year old male has complained of left shoulder pain since date of injury 4/2/2013. He has been treated with arthroscopic surgery in 11/2013 consisting of a posterior labral debridement and paralabral cyst resection as well as steroid injection, physical therapy and medications. The current request is for MRI Arthrogram of the left shoulder. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. Additionally, routine arthrography for evaluation without surgical indications is not recommended. Per the most recent provider notes, the patient has actually improved in range of motion of the shoulder and in motor strength. On the basis of this lack of documentation and the MTUS guidelines cited above, MRI arthrogram of the shoulder is not medically necessary.

EMG/NVC left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213.

Decision rationale: This 36 year old male has complained of left shoulder pain since date of injury 4/2/2013. He has been treated with arthroscopic surgery in 11/2013 consisting of a posterior labral debridement and paralabral cyst resection as well as steroid injection, physical therapy and medications. The current request is for EMG/NCV of the left upper extremity. Per the MTUS guidelines cited above, EMG/NCV studies as part of the evaluation of shoulder pain are not recommended. Additionally, per the most recent provider notes, the patient has actually

improved in range of motion of the shoulder and in motor strength. On the basis of the MTUS guidelines cited above, EMG/NCV of the left upper extremity is not medically necessary.