

Case Number:	CM14-0079343		
Date Assigned:	09/25/2014	Date of Injury:	10/06/2012
Decision Date:	10/27/2014	UR Denial Date:	05/20/2014
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 Occupational 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:

Patient is a 43 year-old female with date of injury 10/06/2012. The medical document associated with the request for authorization, a primary treating physician's initial orthopedic evaluation, dated 04/10/2014, lists subjective complaints as left shoulder and left elbow pain. Objective findings: left shoulder: significant tenderness was noted over the AC joint and bicipital groove. Range of motion was decreased due to pain. Impingement sign was positive. Cuff strength was compromised 4+/5 with severe pain to resisted strength testing. Speed test was positive. Left elbow: tenderness to palpation over the lateral epicondyle. Range of motion was full with no instability. Neurocirculatory exam was intact distally. Diagnosis: Left shoulder, rule out rotator cuff tear 2. Left elbow lateral epicondylitis, rule out tear of common extensor tendon. Previous treatments have included 16 sessions of physical therapy directed at the left shoulder and left elbow, and a cortisone injection into the left shoulder. An MRI of the left shoulder dated 01/22/2013, documented no evidence of a rotator cuff or labral tear. Mild tendinosis of the supraspinatus tendon. Hypertrophic change of the AC joint with surrounding increase signal intensity along the joint capsule, as well as within the distal clavicle, consistent with inflammatory changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, left shoulder, elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria for either the MRI of the shoulder or the MRI of the elbow.