

Case Number:	CM14-0080835		
Date Assigned:	07/18/2014	Date of Injury:	02/03/2013
Decision Date:	09/30/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 case of a 48-year-old female who has filed a claim for unspecified disorder of bursae tendons shoulder, cervicobrachial syndrome, sprain/strain of neck associated with an industrial injury date of 02/03/13. Medical records from 2014 were reviewed. Progress reports show that while moving furniture while working as a housekeeper, the patient developed left neck and shoulder girdle pain, that radiates to the face and fingers. This is constant, aching, punctuated by stabbing pain of the left shoulder girdle and burning numbness of the left upper extremity. Pain is moderate with a rating of 8/10. Since the onset, she reports that the problem is getting worse, exacerbated by bending forward, driving, rising from sitting, standing, bending backward, sweeping, sitting, sneezing, twisting, squatting, walking, coughing, lifting, and climbing up the stairs. The symptoms are improved with heat and rest. She also complains of constant aching of the right shoulder that is aggravated by lifting and reaching. On shoulder examination, there is normal bilateral rotator cuff strength, positive Neer's test bilaterally, Negative Hawkin's test, and positive right and negative left Obrien's and Speed's test. Active ranges of motion are decreased on the left shoulder with flexion 100 degrees, and abduction 100 degrees. IR is 70 degrees bilaterally, and ER decreased on the left with 45 degrees. A magnetic resonance imaging (MRI) of the left shoulder without contrast shows degenerative joint disease (DJD) and capsular hypertrophy at the left acromioclavicular (AC) joint, small amount of fluid or inflammation in the subdeltoid bursa, otherwise negative left shoulder MRI. The treatment to date has included physical therapy and medications; such as Flexeril, Clinoril, Cymbalta, Sulindac, Cyclobenzaprine, Glipizide, Lipitor, Metformin, Lisinopril, Tylenol, and codeine. Utilization review dated 05/02/2014 denied the request for MRI with gadolinium of the left shoulder because there appears to be low probabilities of a superior labral tear from anterior to posterior (SLAP) pathology based on a single medical office visit available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left shoulder with intra-articular gadolinium, rule out slap lesion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209.

Decision rationale: This is a case of a 48-year-old female who has filed a claim for unspecified disorder of bursae tendons shoulder, cervicobrachial syndrome, sprain/strain of neck associated with an industrial injury date of 02/03/13. Medical records from 2014 were reviewed. Progress reports show that while moving furniture while working as a housekeeper, the patient developed left neck and shoulder girdle pain, that radiates to the face and fingers. This is constant, aching, punctuated by stabbing pain of the left shoulder girdle and burning numbness of the left upper extremity. Pain is moderate with a rating of 8/10. Since the onset, she reports that the problem is getting worse, exacerbated by bending forward, driving, rising from sitting, standing, bending backward, sweeping, sitting, sneezing, twisting, squatting, walking, coughing, lifting, and climbing up the stairs. The symptoms are improved with heat and rest. She also complains of constant aching of the right shoulder that is aggravated by lifting and reaching. On shoulder examination, there is normal bilateral rotator cuff strength, positive Neer's test bilaterally, Negative Hawkin's test, and positive right and negative left O'Brien's and Speed's test. Active ranges of motion are decreased on the left shoulder with flexion 100 degrees, and abduction 100 degrees. IR is 70 degrees bilaterally, and ER decreased on the left with 45 degrees. A magnetic resonance imaging (MRI) of the left shoulder without contrast shows degenerative joint disease (DJD) and capsular hypertrophy at the left acromioclavicular (AC) joint, small amount of fluid or inflammation in the subdeltoid bursa, otherwise negative left shoulder MRI. The treatment to date has included physical therapy and medications; such as Flexeril, Clinoril, Cymbalta, Sulindac, Cyclobenzaprine, Glipizide, Lipitor, Metformin, Lisinopril, Tylenol, and codeine. Utilization review dated 05/02/2014 denied the request for MRI with gadolinium of the left shoulder because there appears to be low probabilities of a superior labral tear from anterior to posterior (SLAP) pathology based on a single medical office visit available for review.