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| Case Number: | CM14-0093102 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 11/20/2013 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 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:

The injured worker is a 33 year old female who was injured on 11/20/13 when she fell multiple times. The injured worker's complaint pertinent to this review includes left shoulder pain which radiates up into the neck, upper and mid back and down into the left upper extremity and hand. The injured worker is diagnosed with acromioclavicular sprain. Treatment of the left shoulder has consisted of physical therapy, acupuncture and medication management. Physical examination dated 04/10/14 notes range of motion (ROM) of the right shoulder to be normal and ROM left shoulder to be decreased at 150 degrees flexion, 30 degrees extension, 150 degrees abduction, 60 degrees internal and external rotations and 30 degrees adduction. It is noted the upper extremity is neurovascularly intact. This note indicates the injured worker demonstrates signs of impingement syndrome of the left shoulder. This note indicates that despite physical therapy, acupuncture and medications, the injured worker's left shoulder has not improved. Agreed Medical Evaluation dated 05/23/14 notes no previous imaging studies of the left shoulder have been performed. X-rays of the bilateral shoulders were obtained on this date and demonstrated normal osseous density, well maintained joint spaces, normal appearing acromioclavicular joint and no sign of fracture, dislocation or subluxation. Special testing on this date reveals JAMAR grip readings to be 25/25/25 on the right and 15/15/15 on the left. Pinch testing reveals 8/8/8 on the right and 6/6/6 on the left. Clinical note dated 05/16/14 appears to note ROM of the left shoulder includes 90 degrees flexion and abduction. Positive impingement sign and spasms appear to be noted. This note includes a request for an MRI of the left shoulder. This request is denied by UR dated 06/12/14 citing insufficient documentation. The rationale notes only one clinical note had been submitted 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Shoulder (Acute & Chronic);Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM notes criteria for the use of MRIs of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction (such as weakness from a massive rotator cuff tear), failure to progress in a strengthening program intended to avoid surgery or clarification of anatomy prior to an invasive procedure. The records submitted for review did not indicate a surgical intervention/invasive procedure has been contemplated or planned. No "red flags" are noted. ODG states indications for shoulder MRIs include acute shoulder trauma with suspected rotator cuff tear/impingement in an individual over the age of 40 with normal plain radiographs. This injured worker is nearing one year past the date of injury and is 33 years old. Based on the clinical information submitted for review, the request is not medically necessary.