

Case Number:	CM14-0110931		
Date Assigned:	09/16/2014	Date of Injury:	03/01/1994
Decision Date:	03/16/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female who reported an injury on 03/01/1994. The mechanism of injury was unspecified. Her diagnoses include cervical pain/cervicalgia, shoulder region dis, encountered long term medication use. Past treatment included medications. On 05/19/2014, the injured worker complained of left neck and shoulder pain. Pain scale was rated 5/10 with medication and 10/10 without medications. The physical examination revealed decreased cervical range of motion. The shoulder revealed tenderness at the subacromial space and bicipital groove with resisted abduction. The lumbar spine was also indicated to be tender at the facet joint with decreased flexion and decreased lateral bending. Her medications include OxyContin 30 mg and oxycodone 15 mg. The treatment plan included a left shoulder MRI if medial branch blocks do not help to rule out shoulder derangement versus cervical pathology. A Request for Authorization form was submitted on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Shoulder: Upheld

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

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

Decision rationale: The request for MRI of left shoulder is not medically necessary. According to the California MTUS/ACOEM Guidelines, diagnostic studies would not be warranted unless a 4 to 6 week period of conservative care and observation failed to improve symptoms. The primary criteria for ordering imaging studies include: the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The injured worker was indicated to have cervicgia, and to have an injury date of 03/01/1994. However, there was a lack of documentation to indicate the injured worker had a previous MRI. There was also lack of documentation to specify if the injured worker had failed conservative treatment prior to the request, had acute trauma, red flags, failed to progress in a strengthening program intended to avoid surgery, or needed clarification of an anatomy prior to an invasive procedure. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.