

Case Number:	CM14-0168845		
Date Assigned:	10/16/2014	Date of Injury:	12/26/2010
Decision Date:	01/14/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/13/2014

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:

This is a 50 year old female with a 12/26/10 injury date. The mechanism of injury was described as a motor vehicle accident. In a 4/24/14 note, the patient complained of left shoulder pain that is worse at night and increased with reaching, lifting, and overhead activity. There was no history of previous left shoulder MRI. The patient does have a history of some physical therapy in the past that was directed towards the left shoulder symptoms but it did not provide any relief. Objective findings included tenderness over the subacromial bursa, pain with any motion of the shoulder, 150 degrees forward flexion, 150 degrees abduction, 90 degrees of external rotation, 70 degrees of internal rotation, and 5/5 strength. Diagnostic impression: left shoulder impingement syndrome. Treatment to date: left shoulder cortisone injection, medications, physical therapy (at least 3 sessions). A UR decision on 9/9/14 denied the request for left shoulder MRI because of insufficient documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder (updated 08/27/14) Magnetic resonance imaging (MRI) Indications for imaging - Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):
Shoulder Chapter--MRI

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. However, there were no significant findings on physical exam to suggest significant shoulder pathology such as impingement signs or weakness. There was not enough clinical information or follow-up to suggest a progression of symptoms, and there was no evidence of red-flag symptoms. There was no evidence of recent conservative treatment that addressed the patient's more recent shoulder complaints. There were no left shoulder x-rays available for review. Therefore, the request for MRI left shoulder is not medically necessary.