

Case Number:	CM14-0171488		
Date Assigned:	10/23/2014	Date of Injury:	03/07/2013
Decision Date:	02/11/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehabilitation 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 39 year-old patient sustained an injury to the left shoulder on 3/7/13 after carrying a ladder and felt a pop while employed by [REDACTED]. Request(s) under consideration include MRI left shoulder. Diagnoses include left shoulder impingement s/p left shoulder arthroscopy and SAD with post-operative PT visits. Conservative care has included medications, therapy, shoulder injection, and modified activities/rest. The patient continues to treat for chronic ongoing left shoulder pain extending into the left scapula with difficulty lifting and reaching overhead. Report of 9/12/14 noted unchanged exam findings of left shoulder with limited range of flex and abduction by 20% on left; positive impingement signs; tenderness at anterior aspect of left shoulder with pain over the left trapezius, levator scapulae and medial aspect of the left scapula. The request(s) for MRI left shoulder was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

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

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

Decision rationale: This 39 year-old patient sustained an injury to the left shoulder on 3/7/13 after carrying a ladder and felt a pop while employed by [REDACTED]. Request(s) under consideration include MRI left shoulder. Diagnoses include left shoulder impingement s/p left shoulder arthroscopy and SAD with post-operative PT visits. Conservative care has included medications, therapy, shoulder injection, and modified activities/rest. The patient continues to treat for chronic ongoing left shoulder pain extending into the left scapula with difficulty lifting and reaching overhead. Report of 9/12/14 noted unchanged exam findings of left shoulder with limited range of flex and abduction by 20% on left; positive impingement signs; tenderness at anterior aspect of left shoulder with pain over the left trapezius, levator scapulae and medial aspect of the left scapula. The request(s) for MRI left shoulder was non-certified on 9/30/14. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study that demonstrated pathology consistent with exam findings warranting previous arthroscopic surgery. The MRI left shoulder is not medically necessary and appropriate.