

Case Number:	CM14-0181173		
Date Assigned:	11/05/2014	Date of Injury:	09/13/2014
Decision Date:	01/29/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date on 9/13/14. The patient complains of bilateral shoulder pain and left upper arm pain per 10/9/14 report. The patient denies receiving outside medications per 10/9/14 report. The patient saw an orthopedist regarding a rotator cuff tear per 10/9/14 report. Based on the 10/9/14 progress report provided by the treating physician, the diagnosis is left shoulder pain. A physical exam on 10/9/14 showed "impingement sign negative. AC stress test negative." No range of motion testing of the left shoulder was included in the reports. The patient's treatment history includes medications, activity modifications (max lifting 5 pounds, max pushing/pulling 10 pounds). The treating physician is requesting MRI of the left shoulders. The utilization review determination being challenged is dated 10/22/14 and denies request without providing a rationale. The requesting physician provided a single treatment report from 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Shoulder chapter, protocol

Decision rationale: This patient presents with bilateral shoulder pain. The treater has asked for MRI OF THE LEFT SHOULDER on 10/9/14. Review of the reports do not show any evidence of shoulder MRIs being done in the past. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." In this case, the patient has persistent left shoulder pain, and a rotator cuff tear is suspected. However, the injury is less than 6 weeks old. ACOEM does not recommend routine testing within the first 6 weeks of activity limitation due to shoulder symptoms without a red flag. There is no documentation in the physical exam that denotes suspicion of a serious shoulder condition or referred pain. The requested MRI of the left shoulder IS NOT medically necessary.