

Case Number:	CM14-0188153		
Date Assigned:	11/18/2014	Date of Injury:	10/23/2003
Decision Date:	02/25/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 58 year old male with an injury date on 10/23/03. The patient complains of cervical spine pain, left shoulder pain, and lower lumbar pain per 10/21/14 report. The patient also complains of numbness throughout his whole hand extending from his shoulder to his elbow/wrist/hand per 12/23/13 report. Based on the 10/21/14 progress report provided by the treating physician, the diagnoses are: 1. severe cervical degenerative disc disease with interscapular left upper extremity radiculopathy (primary source of patient's pain). 2. s/p left shoulder arthroscopy with rotator cuff repair (intact). 3. left shoulder severe glenohumeral joint osteoarthritis (secondary and minimal source of pain). 4. lower back pain, lumbar disc disease, at this point not considered as part of his industrial claim. A physical exam on 10/21/14 showed "left shoulder range of motion is limited with forward flexion at 160 degrees. C-spine is restricted with 10 degrees of flexion/extension." L-spine range of motion is not included in reports. The patient's treatment history includes medication only (Ultram). The treating physician is requesting MRI of the left shoulder. The utilization review determination being challenged is dated 11/3/14. The requesting physician provided treatment reports from 12/23/13 to 10/21/14.

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, protocols.

Decision rationale: This patient presents with neck pain, left shoulder pain, lower back pain. The treater has asked for MRI of the left shoulder on 10/21/14 to initiate pain management of the left shoulder. The treater states: "I do believe his rotator cuff tendon is intact and at this point on clinical examination it appears the shoulder is much less symptomatic than his cervical spine" per 10/21/14 report. A review of the reports does not show any evidence of a left shoulder MRI 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 ongoing shoulder pain, and an MRI is indicated for a suspected rotator cuff tear. The treater states, however, that he believes the rotator cuff is intact. The treater has requested MRI of left shoulder to initiate management of his pain which is not indicated per ACOEM. There are no red flags, no weakness, no surgery anticipated. The request is not medically necessary.