

Case Number:	CM14-0190868		
Date Assigned:	11/24/2014	Date of Injury:	11/18/2004
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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, 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 51 year old female with an injury date of 11/8/04. Based on the 10/15/14 progress report, the patient complains of right shoulder pain radiating to the right wrist and hand and neck pain. The patient cannot hold anything for an extended period of time and reports numbness in both hands. Physical examination of the right shoulder reveals tenderness to palpation in the subacromial area, bicipital groove and acromioclavicular joint. There is restricted range of motion due to complaints of pain. There is muscle spasm. Positive impingement test on the right. No physical examination findings pertaining to the LEFT shoulder. There was a MRI done of the right hand on 10/07/14 with no evidence of acute fracture or contusion, and tendinous injury. Diagnosis 10/15/14. Cervical spine sprain/strain. Status post right shoulder arthroscopy. Status post right wrist debridement of triangular fibrocartilage and carpal tunnel release. Lumbar spine sprain/strain. Bilateral knee sprain/strain. The utilization review being challenged is dated 10/24/14. No rationale given. Treatment reports were provided from 5/5/14-10/15/14.

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 without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: The patient presents with Right shoulder pain radiating to the right wrist and hand and neck pain. The request is for MRI of the left shoulder without contrast. The patient is status post Right shoulder arthroscopy, and right wrist debridement, carpal tunnel release, dates unspecified. Patient's diagnosis dated 10/15/14 included cervical and lumbar spines sprain/strain. There is no documentation that previous MRI of the Left shoulder has been done. ODG guidelines, Shoulder Chapter states: " MRI: recommended with the following indications: Acute shoulder trauma, suspect rotator cuff tear/impingement; Sub acute shoulder pain, suspect instability/labral tear; Repeat MRI not routinely recommended and should be reserved for a change in symptoms or findings suggestive of significant pathology." Treater does not provide reason for the request. Chief complaints and physical examination findings pertain to the RIGHT shoulder. No physical examination findings pertaining to the LEFT shoulder. Treater does not discuss LEFT shoulder trauma, suspicion of rotator cuff tear/impingement, instability/labral tear. The request does not meet ODG criteria. The request is not medically necessary.