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| Case Number: | CM14-0194075 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 02/01/2010 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Family 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 51 year old female patient who sustained an injury on 2/1/2010. The current diagnosis includes left shoulder injury, neck sprain, and insomnia and myofascial pain. Per the doctor's note dated 11/5/2014, she had complaints of left shoulder pain and neck pain with stiffness, right shoulder pain due to compensation with burning, pulling, and tingling and numbness. The physical examination revealed left shoulder- decreased range of motion with external rotation, tenderness to palpation; the right shoulder - decreased to 120 degrees, decreased cervical range of motion with lateral flexion towards the left side and tensed and tenderparaspinal muscles. The medications list includes some prazole, fenoprofen, Effexor XR, Remeron 15 mg and mentherm. Previous operative or procedure note related to the injury was not specified in the records provided. She has had a home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and heat therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207.

Decision rationale: According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; -Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). "Physiologic evidence of significant tissue insult or neurovascular dysfunction is not specified in the records provided. Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or possible cervical cord compromise. The records provided did not indicate that surgical interventions were being considered. Response to a full course of conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of MRI of the right shoulder is not established for this patient.