

Case Number:	CM14-0199290		
Date Assigned:	12/09/2014	Date of Injury:	08/30/2012
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Pain 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 female patient with a date of injury of August 30, 2012. A utilization review determination dated October 27, 2014 recommends non-certification of an MRI of the left shoulder. A progress note dated October 6, 2014 identifies subjective complaints of pain of the neck and left shoulder. The patient has been treated with approximately 12 sessions of physical therapy, she has had an MRI of the cervical spine, and she has also been treated with medications. The physical examination of the left shoulder identifies point tenderness with palpation of the supraspinatus tendon, flexion is at 160, abduction is at 160, and internal and external rotation are at 60. The diagnoses include musculoligamentous strain of the cervical spine, left shoulder rotator cuff injury with impingement, and sprain/strain of bilateral wrists. Documentation noting a plain film radiograph of the left shoulder indicates that the findings were unremarkable. The treatment plan recommends a request for authorization for an MRI of the left shoulder, a request for authorization for physical therapy to include ultrasound, massage, and therapeutic exercises 3/week for 4 weeks for the cervical spine and the left shoulder, an injection was given of Toradol 15 mg, an injection was given of dexamethasone 10 mg, an injection was given of Depo-Medrol 80 mg, and an injection is given of vitamin B-12 1000 g.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the left shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does appear the patient has failed conservative treatment options. Additionally, an x-ray of the left shoulder identified within the documentation indicates that the findings were unremarkable. As such, the currently requested left shoulder MRI is medically necessary.