

Case Number:	CM14-0199745		
Date Assigned:	12/10/2014	Date of Injury:	01/31/2006
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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 patient sustained an injury on 1/31/2006 while employed by [REDACTED]. Request(s) under consideration include Left shoulder MRI without contrast. Diagnoses include left shoulder pathology and s/p left 1st rib resection for thoracic outlet syndrome. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/30/14 from the provider noted the patient with chronic ongoing neck, bilateral shoulder, and arm pain; intermittent headaches at skull radiating to back of head; left shoulder pain with popping and cracking. Exam showed multiple myofascial tender points at base of skull and right paracervical muscles; tenderness along right occipital nerve on right; tenderness at upper trapezius and parascapular muscles; intact sensation; tender trigger points at skull and paracervical; stiffness and pain on shoulder range less than 90 degrees; motor strength of 4/5 diffusely on left. Medications list Topamax, Ibuprofen, Cymbalta, Norco, Soma, and Tizanidine. The request(s) for Left shoulder MRI without contrast was non-certified on 11/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI without contrast: Upheld

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

Decision rationale: This patient sustained an injury on 1/31/2006 while employed by [REDACTED]. Request(s) under consideration include Left shoulder MRI without contrast. Diagnoses include left shoulder pathology and s/p left 1st rib resection for thoracic outlet syndrome. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/30/14 from the provider noted the patient with chronic ongoing neck, bilateral shoulder, and arm pain; intermittent headaches at skull radiating to back of head; left shoulder pain with popping and cracking. Exam showed multiple myofascial tender points at base of skull and right paracervical muscles; tenderness along right occipital nerve on right; tenderness at upper trapezius and parascapular muscles; intact sensation; tender trigger points at skull and paracervical; stiffness and pain on shoulder range less than 90 degrees; motor strength of 4/5 diffusely on left. Medications list Topamax, Ibuprofen, Cymbalta, Norco, Soma, and Tizanidine. The request(s) for Left shoulder MRI without contrast was non-certified on 11/7/14. The patient exhibited diffuse pain at skull base, paracervical, and bilateral shoulders. Exam showed diffuse tenderness and decreased strength throughout left upper extremity. Guidelines state routine MRI is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with negative impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Left shoulder MRI without contrast is not medically necessary and appropriate.