

Case Number:	CM14-0199997		
Date Assigned:	12/10/2014	Date of Injury:	06/14/2007
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
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 Family Practice 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 48 year old female patient who sustained a work related injury on 6/14/2007. Patient sustained the injury when she was walking down her stairs at home after last knee surgery; she had to grab onto the stair rail with her left shoulder to prevent from falling and subsequently, she sustained injury to her shoulder and low back at that time. The current diagnoses include left knee medial unicompartamental arthroplasty, lateral tilting patella with pain, bilateral shoulder pain, lumbar spine pain, lumbar radiculopathy and left knee pain. Per the doctor's note dated 10/30/14, patient has complaints of constant pain in both her shoulders, radiates from her neck into her forearm at 6-8/10 and alleviated with keeping her arm active and swimming. Physical examination of the left shoulder revealed palpable anterolateral pain along the acromion process, tenderness over the acromioclavicular joint, normal range of motion and normal muscle strength, forward flexion 160, abduction 150, external rotation 30 and internal rotation up to mid-lumbar spine. The current medication lists includes Celebrex. She had a lumbar MRI in 3/25/2009 that showed a protrusion at L4-5; left shoulder MRI and x-ray were negative. The patient's surgical history includes a left knee replacement in 4/14. The patient has received 6 PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/31/14) Magnetic Resonance Imaging (MRI)

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)."Any of these indications that would require a shoulder MRI were not specified in the records provided.Per ODG shoulder guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology."The injured has had a shoulder MRI in the past.Any significant changes in objective physical exam findings since the last MRI that would require a repeat MRI study were not specified in the records provided.Injured worker did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided.Any evidence of abnormal special tests of the left shoulder was not specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided.The records submitted contain no accompanying current physical therapy evaluation for this injured worker.A recent left shoulder X-ray report is not specified in the records provided.The medical necessity of the request for MRI left shoulder is not fully established in this injured worker; therefore, the request is not medically necessary.