

Case Number:	CM14-0202882		
Date Assigned:	12/15/2014	Date of Injury:	09/14/2014
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/04/2014

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 51 year old female who suffered a work related injury on 09/14/2014, from a fall. The injured worker complains of pain in the lumbar spine which she rates as a 9/10 out of 10 and the pain is described as constant, sharp, achy, and throbbing radiating to both legs, left greater than right, down to the calves with associated numbness and cramping sensation. She has pain in the cervical spine which she rates as 9/10, and describes as constant sharp, achy and throbbing and the pain radiates to bilateral shoulder down to the fingertips with associated weakness, numbness and a tingling sensation. A physician note dated 10/24/2014 documents she has an antalgic gait to the left, there is moderate tenderness and spasm noted over the cervical paraspinous muscles extending to the bilateral trapezius muscles. Axial head compression and Spurling sign positive bilaterally. There is bilateral shoulder pain in the acromioclavicular joint. Left shoulder range of motion with abduction is 150 degrees, forward flexion is 150 degrees, internal rotation, and external rotation is 90 degrees, and crossed shoulder is 30 degrees. There is diffuse tenderness to palpation noted over the lumbar paraspinous muscles. There is mild-to-moderate pain in the lumbar spine. There is moderate facet tenderness noted along the Lumbar-4 though Sacral-1 levels. Diagnoses include cervical discopathy, cervical radiculopathy, bilateral shoulder sprain/strain; status post left shoulder arthroscopy in 2002, lumbar discopathy, lumbar facet syndrome, lumbar radiculopathy, bilateral sacroiliac joint arthropathy, and a history of diabetes. Treatment has included medications, physical therapy, and she has had x-rays. The injured worker is not working at this time. Treatment request is for Magnetic Resonance Imaging of the left shoulder. Utilization Review which was done on 11/07/2014 non-certified the request for Magnetic Resonance Imaging of the left shoulder citing Official Disability Guidelines. Repeat Magnetic Resonance Imaging is not routinely recommended and should be reserved for a

significant change in symptoms or finding suggestive of significant pathology. There is no clear documentation of any change in her left shoulder symptoms. The symptoms appear to be related to cervical radiculopathy and cervical Magnetic Resonance Imaging has been approved. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines-Shoulder Complaints note imaging may be considered for an injured worker whose limitation is due to consistent symptoms have persisted for one month or more.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast 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 (updated 10/31/14), Magnetic Resonance Imaging

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 right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 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. However, one extenuating circumstance in this case is that the worker had a previous history of left shoulder arthroscopy in 2002. The utilization reviewer's citation of guidelines regarding repeat MRI imaging is moot, as any prior shoulder MRI was done for the sake of a pre-existing injury and not with respect to the present industrial injury. Furthermore, there is documentation that the patient had recovered from her prior work injury of 2001. Within the documentation available for review, a pain consultation on 10/16/14 does identify a positive left shoulder impingement maneuver on exam. In light of the fact that 4 weeks of activity restriction and being placed on disability have not helped sufficient, combined with the fact that the patient's pre-existing shoulder condition may predispose her to greater risk for shoulder re-injury from a slip and fall, the request for shoulder MRI is medically necessary.