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| Case Number: | CM14-0205530 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 08/23/2011 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 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:

The attending physician report dated 10/22/14 (22) indicates subjective complaints of persistent aching pain in her neck, shoulders and arms. She rates her current pain level 7/10 on a numerical pain scale. She is taking Tramadol which is helping and she is not attending therapy. Physical examination notes tenderness in the anterior capsule and acromioclavicular joint. No instability is noted. Hawkin's maneuver is positive. Impingement signs is positive. O'Brien's test is positive. Flexion and abduction are moderately limited. The attending physician notes there is no significant change in her condition since her last visit. Ultram was prescribed to decrease her symptoms. The patient has work restrictions of light lifting or carrying, no more than 10 pounds and no overhead work at or above shoulder level. The current diagnoses are: 1. Status-post right shoulder revision subacromial decompression 12/10/122. Status-post right shoulder close manipulation3. Multilevel cervical disc dessication and bulging with mild stenosis4. Left shoulder impingement syndrome with AC joint pain5. Stress syndrome6. InsomniaThe utilization review report dated 12/17/14 denied the request for left shoulder MRI based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Imaging

Decision rationale: The patient has persistent complaints of pain in the neck, shoulders and arms. The current request is for MRI of the left shoulder. In reviewing the 36 pages of medical records provided there was no indication that the patient has previously had a left shoulder MRI. The 10/22/14 treating physician plan states, "I will prescribe the patient medication to decrease her symptoms. Ultram 50 mg one p. o. q.6.h. p.r.n.: #90 with two refill, will be utilized for pain." There is no request for an MRI scan, there are no red flags documented and there is no indication that an x-ray of the shoulder was taken. MTUS guidelines do not address MRI of the shoulder. The ODG guidelines state that for acute shoulder trauma an MRI is warranted for patients that are suspect for rotator cuff tear/impingement, over age 40 and normal plain radiographs. The treating physician indicates the injured worker is post-surgical. There is no history of additional trauma or red flags present to warrant an MRI of the right shoulder. Medical necessity has not been established for this request.