

Case Number:	CM14-0086902		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2008
Decision Date:	01/27/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal 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:

The injured worker sustained a work related injury on October 10, 2008, injuring the back, neck, shoulders, arms, hands, knees, and waist. The exact mechanism of the work related injury was not included in the provided documentation. The Primary Treating Physician's report dated May 1, 2014, noted the injured worker complained of frequent headaches, musculoskeletal pain, and lower back, shoulder, hands, neck, knee and ankle pain. The injured worker's conservative treatments were noted to include physical therapy, chiropractic care, a lumbar support, and oral and injected medications. Physical examination was noted to show tenderness at the bilateral shoulders and bilateral knees, with tenderness also noted at the cervical and lumbosacral spine. The Physician noted the diagnoses as cervical sprain/strain, thoracic spine sprain/strain, lumbar spain/strain, bilateral shoulder spain/strain, bilateral knee sprain/strain, and numbness to the bilateral arms and legs. The Physician requested authorization for a MRI of the left shoulder. On May 15, 2014, Utilization Review evaluated the request for a MRI of the left shoulder, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Shoulder Chapter . The UR Physician noted that there was no clear evidence presented of significant changes in the injured worker's condition, and there was no evidence presented of potentially serious pathology, such as progressive neurological deficits, fracture, tumor, or infrcction. The UR Physician noted the medical necessity of the requested MRI of the left shoulder had not been established, and was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left shoulder is not medically necessary. Indications for magnetic resonance imaging are enumerated in the Official Disability Guidelines. Indications include acute shoulder trauma, suspect rotator cuff tear/impingement, over age 40, normal playing radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker is a 52-year-old with a date of injury October 10, 2008. The primary treating physician dictated a progress note on April 3 of 2014. Subjective complaints included constant pain in the bilateral right greater than left shoulder that he described as throbbing, aching and Dell. Physical examination shows nonspecific tenderness in both shoulders. Palpation indicates moderate tenderness at the acromioclavicular joint and the upper trapezius on the right. The patient indicates moderate tenderness at the acromioclavicular joint and upper trapezius on the left. The injured worker's injury is reportedly due to repetitive motion. Range of motion in the right and left shoulder is normal. The criteria for MRI are enumerated above and the injured worker did not manifest any of those potential injuries. There was no acute shoulder trauma. The physician did not suspect rotator cuff tear/impingement nor was there any instability or labral tear. Additionally, there was no progression of signs or symptoms referable to the affected shoulder. Consequently, absent the appropriate clinical indications, MRI of the left shoulder is not medically necessary.