

Case Number:	CM15-0018674		
Date Assigned:	02/06/2015	Date of Injury:	03/05/1990
Decision Date:	04/03/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 57-year-old female who reported injury on 03/05/1990. The mechanism of injury was the injured worker was utilizing a pallet jack to bring in cello wrap. The diagnoses included cervical degenerative disc disease, left shoulder impingement, daytime drowsiness, and right hip osteoarthritis. The injured worker underwent x-rays of the left shoulder dated 12/12/2014, which revealed the injured worker had osteopenia and minimal degenerative change of the acromioclavicular joint and humeral head at the rotator cuff insertion. There was a Request for Authorization submitted for review dated 12/22/2014. The documentation of 12/17/2014 revealed the injured worker had ongoing neck and shoulder pain that was worsening. The injured worker indicated she had an inability to lift her left shoulder. The injured worker indicated she had sharp pain in the left lateral proximal arm. The injured worker indicated she was unable to lift her hairdryer with the left arm due to pain and had worsening pain over the past few months and it felt like it was prior to surgery. The injured worker indicated her left hand cramped up for 20 to 30 minutes 1 time when she was trying to clean the floors in her home. The injured worker's medications included Lyrica, Provigil, Vicoprofen, and Vytorin. The diagnoses included post failed fusion, failed medications, cervicgia, cervical radiculopathy, and cervical disc lesion. The subsequent documentation of 12/23/2014 revealed the injured worker had an MRI of the left shoulder on 12/12/2014, which revealed minimal degenerative changes AC joint with bony changes at RTC insertion on humeral head. There was decreased space between the humeral head and acromion, which was noted to be suspicious for a

rotator cuff tear. The request was made for a repeat MRI of the left shoulder on 12/23/2014 as the clinical examination was positive for shoulder impingement sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-178, 207-209.

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, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or findings of significant pathology. The clinical documentation submitted for review indicated the injured worker underwent an MRI of the shoulder on 12/12/2014. There was a lack of documentation indicating the date of surgery to support that the prior study was before surgical intervention or that there were objective findings suggestive of a significant pathology or significant change in symptoms. Given the above, the request for Left shoulder MRI is not medically necessary.