

Case Number:	CM15-0137399		
Date Assigned:	07/27/2015	Date of Injury:	04/25/2012
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 75 year old female who sustained an industrial injury on 4-25-12. Diagnoses are radiculopathy affecting upper extremity; shoulder pain-left, rotator cuff disorder and status post anterior cervical discectomy and fusion C4-5, C5-6, C6-7 on 2-12-15. In an operative report dated 2-12-15, the physician notes the injured worker has developed neck and predominantly left shoulder pain, which was treated with physical therapy for the rotator cuff problem, which helped the shoulder issues but her neck pain began to radiate into the left upper extremity which became worse with therapy. In a progress report dated 6-9-15, the treating physician notes complaints of pain with radiation down the left upper extremity, worse and more often than on the right. Previous treatment includes physical therapy, epidural spine injections, cervical spine surgery. She complains of shoulder pain bilaterally, has decreased range of motion with complaints of tingling and numbness down the left arm. She has had physical therapy. On exam, the left shoulder joint, range of motion is severely decreased; forward extension is 100, the right is 160. There is diminished sensation to touch in the fingers of the left upper extremity. Neer's and scratch test are positive on the left shoulder. Electromyography-nerve conduction velocity study of the upper extremities dated 12-19-12, reveals no cervical radiculopathy and only mild residual right and mild residual left carpal tunnel syndrome but no other entrapment neuropathies or peripheral neuropathy. The treatment plan includes an MRI of the left shoulder to determine the amount of injury of the rotator cuff. The requested treatment is an MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging states: Primary 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). The patient has documented physiologic evidence of tissue insult and neurovascular dysfunction. Therefore the request is medically necessary.