

Case Number:	CM15-0141805		
Date Assigned:	07/31/2015	Date of Injury:	05/15/2013
Decision Date:	08/31/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female who sustained an industrial injury on 05-15-2013. Mechanism of injury occurred from a fall and injuring her right shoulder and twisting her low back and neck. Diagnoses include cervical sprain, low back sprain, right shoulder sprain, rule out rotator cuff tear, left knee sprain, rule out internal derangement, and myofascial pain syndrome of the neck and low back. Treatment to date has included diagnostic studies, medications, acupuncture, chiropractic sessions, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit and a home exercise program. She uses Aleve for pain. On 06-06-2015, an unofficial report of a Magnetic Resonance Imaging of the left knee revealed small tear in the posterior horn of the medial meniscus, chronic partial tear of the anterior cruciate ligament, and mild to moderate chondromalacia of the medial compartment of the patellofemoral compartment. She continues to work. A physician progress note dated 06-22-2015 documents the injured worker complains of increased left shoulder pain. She has multiple areas of tenderness over the neck, low back, shoulders and knees. Left shoulder range of motion was restricted and painful. Range of motion in her left shoulder was less than her right shoulder. There is crepitus in her left knee. The treatment plan includes x-rays of the left shoulder, orthopedic surgeon for the left shoulder and a functional restoration program. Treatment requested is for a Magnetic Resonance Imaging of the left shoulder without contrast to rule out rotator cuff tear.

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 without contrast: Upheld

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

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 left 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. Guidelines further specify imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, the injured worker initially had injury to the right shoulder. It does not appear the patient has failed conservative treatment options for the left shoulder. Furthermore, the patient has not completed the x-ray of the left shoulder ordered by the provider. Lastly, it is unclear how an MRI will change the patient's current treatment plan as the patient has a pending consultation with the orthopedics specialist to determine what other interventions are needed. Given this, the currently requested left shoulder MRI is not medically necessary.