

Case Number:	CM15-0146911		
Date Assigned:	08/07/2015	Date of Injury:	03/13/2014
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 28 year old female who sustained an industrial injury on 03-13-2014. Mechanism of injury occurred when she was lifting a heavy container to a low table and it tilted and landed on her left shoulder. Diagnoses include left rotator cuff strain, cervical strain, left shoulder strain, left rotator cuff tendinopathy, myofascial pain syndrome, and cervical brachial plexopathy. On 03-02-2015, a Magnetic Resonance Imaging of the left shoulder was normal. On 03-02-2015, a Magnetic Resonance Imaging of the cervical spine was normal. Treatment to date has included diagnostic studies, medications, and chiropractic sessions. Her medications include Naproxen and Tizanidine. Her work restrictions are no repetitive motion of the left arm and after 2 hours of work to stretch for 5 minutes. A physician progress note dated 07-08-2015 documents the injured worker is complaining of left shoulder and neck pain. On examination, there is tenderness over the supraspinatus and trapezius on the left. There is tenderness over the acromioclavicular joint. She also complains of tenderness of the left forearm. She rates her pain as 8 out of 10. It is a burning pain. Treatment requested is for MRI without contrast 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 without contrast of the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The 28 year old patient complains of left-sided neck pain, left shoulder pain, and left arm pain, rated at 8/10, as per progress report dated 07/08/15. The request is for MRI without contrast of the left shoulder. The RFA for the case is dated 07/08/15, and the patient's date of injury is 03/13/14. Diagnoses, as per progress report dated 07/08/15, included left rotator cuff strain, left cervical strain, left shoulder strain, left rotator cuff tendinopathy, myofascial pain syndrome, and cervical brachial plexopathy. The patient has been allowed to work with restrictions, as per the same progress report. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging - Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain 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. (Mays, 2008)" In this case, the patient suffers from pain in the left shoulder, as per progress report dated 07/08/15. Physical examination revealed tenderness over supraspinatus and trapezius muscles on the left along with painful palpation of the AC joint. However, range of motion, muscle strength and sensory testing were normal along with negative impingement tests and Sulcus sign. In the same report, the treater initially states that MRI of left shoulder is not available for review. Subsequently, the treater states that the patient "tells me that she has not had an MRI for the left shoulder. I am not quite sure of that." The treater, nonetheless, requests for another MRI for the left shoulder. However, in several prior reports, including the one dated 06/10/15, the treater states that "Left shoulder MRI is negative on 07/19/2014, which was read by BP." The patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Hence, this request IS NOT medically necessary.